



Attorney Mediation Statement

The Attorney Mediation Statements must be filed **TWO** business days prior to mediation with the Child Protection Mediation Program, Multi-Door Dispute Resolution Division, Building C, 410 E Street N.W., Washington, D.C. 20001. **All counsel** are cautioned that sanctions may be imposed on those who do not file the statement by the due date. **Do not** certify or send a copy of the "Attorney Mediation Statement" to the judge, or the courtroom clerk. This information will not be filed in the court jacket. **If the case settles or continues before the mediation date, please notify the Child Protection Mediation Program by email (cpm@dcsc.gov), of the new status.**

In the Matter of: _____ Case Number: _____
Respondent's Name

Calendar Judge: _____ Social File Number: _____

Counsel for: _____ Initial Hearing Date: _____

This case is scheduled for mediation on: _____ Time: _____

Submitted by: _____ Telephone number: _____
Please print

Please briefly answer the following questions. If additional space is needed use the back of this form. Thank you.

1. Do you feel the mediator will require a special expertise? _____
2. Have you had contact with your client since the last hearing? _____
3. What are your client's legal and social goals? (i.e. return of children, drug or alcohol treatment) _____
4. If your client is incarcerated will telephonic conferencing be requested? _____
5. Has your client been the victim of domestic violence? _____
6. Does your client have an out standing Civil Protection Order? _____
7. Does your client have special needs? _____
8. Will your client need an interpreter? (If so, what language?) _____
9. Is there anything about this case that should be brought to our attention?

10. Have you talked to your client about this case? _____
11. Have you explained the mediation process to your client? _____
12. Are there any pending motions? _____