

*Superior Court of the District of Columbia*  
**PRIVATE EARLY MEDIATION FORM**  
for  
Medical Malpractice Mediation

To be used to notify the court of the selection of a private mediator and a scheduled mediation date in a medical malpractice matter.

Case Number \_\_\_\_\_

Case Caption \_\_\_\_\_

Undersigned counsel have hired a private mediator, \_\_\_\_\_ ,  
(name of mediator)  
who is “an individual judge or lawyer with at least 10 years of significant experience in medical malpractice litigation,” as required under D.C. Code §16-2821.

Mediation of this matter is scheduled on \_\_\_\_\_ at \_\_\_\_\_ ,  
(date) (time)  
which is no later than 30 days after the Initial Scheduling and Settlement Conference. The mediator will complete a mediation report (available at [www.dccourts.gov/medmalmediation](http://www.dccourts.gov/medmalmediation)) at the conclusion of the mediation, to be filed with the court by the plaintiff.

Submitted by:

_____ Signature Atty. for: _____	_____ Date
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_____ Signature Atty. for: _____	_____ Date
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The completed form must be filed with the court and e-mailed to: [earlymedmal@dcsc.gov](mailto:earlymedmal@dcsc.gov). Those unable to eFile may file the form with the Civil Clerk’s Office and send/deliver a copy to the Multi-Door Dispute Resolution Division, 410 E St. NW, Suite 2900, Washington, DC 20001.