Superior Court of the District of Columbia

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Multi-Door Dispute Resolution Division

Attorney Mediation Statement

The Attorney Mediation Statements must be filed <u>TWO</u> business days prior to mediation with the Child Protection Mediation Program, Multi-Door Dispute Resolution Division, Building A, 515 5th Street, N.W. Suite #114, Washington, D.C. 2001. **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 Manager in writing of the new status.**

In the Matter of: Respondent's Name (s)		Case Number(s):
Respondent's Name (s) Calendar Judge:		Social File Number(s):
Counsel for:		Initial Hearing Date:
This case is scheduled for mediation on		2010. Time:
Submitted by:		Telephone number:
	e briefly answer the following questions. orm. Thank you.	If additional space is needed, use the back of
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 any thing 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?	