

*Superior Court of the District of Columbia*  
**MULTI-DOOR MEDICAL MALPRACTICE**  
**EARLY MEDIATION FORM**

To be used in selecting a mediator from the Multi-Door Medical Malpractice Mediator Roster and scheduling a mediation date through the Multi-Door Dispute Resolution Division.

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

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

Undersigned counsel, as well as individual parties, representatives of non-individual parties with settlement authority, and involved insurance companies with the required settlement authority, have agreed to be available for mediation on the three dates listed below, from 1:00 pm to 5:00 pm. All listed dates occur after the Initial Scheduling and Settlement Conference and within 30 days of that date, as required under D.C. Code §16-2821.

\_\_\_\_\_   
Date

\_\_\_\_\_   
Date

\_\_\_\_\_   
Date

Parties have reviewed the Multi-Door Medical Malpractice Mediation Roster and have agreed on the following mediators, listed below in order of preference:

\_\_\_\_\_   
First Mediator

\_\_\_\_\_   
Second Mediator

\_\_\_\_\_   
Third Mediator

Submitted by:

\_\_\_\_\_   
Signature   
Atty. for: \_\_\_\_\_

\_\_\_\_\_   
Date   
E-mail address: \_\_\_\_\_   
(or telephone number, if no e-mail address)

\_\_\_\_\_   
Signature   
Atty. for: \_\_\_\_\_

\_\_\_\_\_   
Date   
E-mail address: \_\_\_\_\_   
(or telephone number, if no e-mail address)

\_\_\_\_\_   
Signature   
Atty. for: \_\_\_\_\_

\_\_\_\_\_   
Date   
E-mail address: \_\_\_\_\_   
(or telephone number, if no e-mail address)

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 deliver a copy to the Multi-Door Dispute Resolution Division, 410 E St. NW, Suite 2900, Washington, DC 20001.

**Multi-Door will notify counsel or *pro se* parties promptly, by e-mail, when the mediation date has been set.**