



# State of Rhode Island Judiciary

## Superior Court 2023 Mediation Submission Form

Settlement Week - December 11, 12, and 13, 2023 at the Licht Judicial Complex

Providence/Bristol County    Kent County    Washington County    Newport County

Plaintiff(s) (Name each plaintiff individually)	Civil Action Number
Defendant(s) (Name each plaintiff individually)	
Third Party Defendant(s) (Name each individually)	

**THIS FORM MUST BE ELECTRONICALLY FILED (SELECT "MEDIATION SUBMISSION FORM" CODE) BY NOVEMBER 1, 2023.**

**A ONE-PAGE CASE SUMMARY MUST BE ELECTRONICALLY FILED (SELECT "MEDIATION SUMMARY" CODE) BY EACH PARTY PRIOR TO NOVEMBER 10, 2023.**

**Please answer the following questions regarding your case:**

Has the matter been the subject of prior alternative dispute resolution efforts?  Yes  No  Arbitration  
 Other \_\_\_\_\_ If Yes, when? \_\_\_\_\_

Have appearances been entered for all parties?  Yes  No

Does the case contain any claim for declaratory judgment or equitable relief?  Yes  No

Is there a lien holder?  Yes  No

Is there an insurer involved?  Yes  No

If Yes, please provide insurance company, contact name, and telephone number: \_\_\_\_\_

Please check the appropriate case type:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Book Account   | <input type="checkbox"/> Landlord/Tenant               | <input type="checkbox"/> Personal Injury    | <input type="checkbox"/> Tax Appeal       |
| <input type="checkbox"/> Commercial     | <input type="checkbox"/> Malpractice, Accounting       | <input type="checkbox"/> Police Brutality   | <input type="checkbox"/> Theft and Loss   |
| <input type="checkbox"/> Contract       | <input type="checkbox"/> Malpractice, Legal            | <input type="checkbox"/> Products Liability | <input type="checkbox"/> Wills and Trusts |
| <input type="checkbox"/> Discrimination | <input type="checkbox"/> Malpractice, Medical          | <input type="checkbox"/> Property           | <input type="checkbox"/> Wrongful Arrest  |
| <input type="checkbox"/> Dog Bite       | <input type="checkbox"/> Motor Vehicle/Personal Injury | <input type="checkbox"/> Slip and Fall      | <input type="checkbox"/> Other _____      |

**I hereby certify that I agree to mediation and that discovery has sufficiently concluded so that a meaningful mediation session may occur.**

\_\_\_\_\_  
Plaintiff's Attorney (Signature)

\_\_\_\_\_  
Defendant's Attorney (Signature)

Plaintiff's Name: \_\_\_\_\_

Defendant's Name: \_\_\_\_\_

Attorney's Name: \_\_\_\_\_

Attorney's Name: \_\_\_\_\_

Rhode Island Bar Number: \_\_\_\_\_

Rhode Island Bar Number: \_\_\_\_\_

Law Firm: \_\_\_\_\_

Law Firm: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

Facsimile: \_\_\_\_\_

**EVERY ATTORNEY INVOLVED IN THIS CASE MUST AGREE TO MEDIATION AND SIGN THIS FORM. ATTACH ADDITIONAL FORMS IF NECESSARY, COMPLETE ALL CONTACT INFORMATION. ELECTRONIC SIGNATURES ACCEPTABLE.** The Arbitration Office (401) 222-6147 coordinates the Settlement Week Program.