



## MEDIATION PROGRAM

### Party Information (if conflict is being litigated)

Case Name: \_\_\_\_\_ Case No. \_\_\_\_\_

Type of Case: (for example, personal injury, malpractice, contract, family, elder): \_\_\_\_\_

Judge Assigned: \_\_\_\_\_

#### **PLAINTIFF:**

Client: \_\_\_\_\_ Attorney: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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

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

Insurance Carrier: \_\_\_\_\_

#### **DEFENDANT:**

Client: \_\_\_\_\_ Attorney: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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

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

Insurance Carrier: \_\_\_\_\_

*(If more than two parties, please provide information on additional page)*

If there is a refund of the mediation fees, how should they be apportioned among the parties?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signatures:**

\_\_\_\_\_

#### **FOR INTERNAL USE ONLY:**

Date Information Filed: \_\_\_\_\_

Date of Mediation: \_\_\_\_\_

Resolved       Partially resolved       Did not resolve

(Plaintiff or Plaintiff's attorney)

(Defendant or Defendant's attorney)