



STATE OF RHODE ISLAND
SUPERIOR COURT
2020 MEDIATION SUBMISSION FORM

SETTLEMENT WEEK - DECEMBER 14, 15, and 16, 2020 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 THE "MEDIATION SUBMISSION FORM" CODE) BY OCTOBER 31, 2020

A ONE-PAGE CASE SUMMARY MUST BE ELECTRONICALLY FILED (SELECT THE "MEDIATION SUMMARY" CODE) BY EACH PARTY PRIOR TO NOVEMBER 8, 2020.

Please answer the following questions regarding your case:

Format for hearing (please check all amenable options):

☐ In-person, all parties present ☐ In-person, counsel present, parties remote ☐ Remote hearing

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

Plaintiff's Attorney (Signature)
Plaintiff's Name: _____
Attorney's Name: _____
Rhode Island Bar Number: _____
Law Firm: _____
Email: _____
Telephone: _____
Facsimile: _____

Defendant's Attorney (Signature)
Defendant's Name: _____
Attorney's Name: _____
Rhode Island Bar Number: _____
Law Firm: _____
Email: _____
Telephone: _____
Facsimile: _____

EVERY ATTORNEY INVOLVED IN THIS MUST PERSONALLY SIGN THIS FORM. ATTACH ADDITIONAL FORMS IF NECESSARY. The Superior Court Arbitration Office (401) 222-6147 coordinates the Settlement Week Program.