

**CONFIDENTIAL MEDIATION INFORMATION STATEMENT**

TO: Preston C. Goodwin, Mediator

Here is \_\_\_\_\_'s (your client's name) Confidential Mediation Information Statement.

Cause No. \_\_\_\_\_

Style of Case \_\_\_\_\_

Court or Arbitrator: \_\_\_\_\_

Trial or Arbitration Date: \_\_\_\_\_

Your name, firm name, address, office telephone number, cell phone number, fax number, and email address: \_\_\_\_\_

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

How do you prefer to be contacted? (mail, fax, email): \_\_\_\_\_

Your Party's Information:

Name: \_\_\_\_\_

Designation or status (Plaintiff, Defendant, Third-Party Defendant, Intervenor, etc):

\_\_\_\_\_

Representative(s) [not attorney] attending name(s) and title(s): \_\_\_\_\_

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

Will you have an insurance company involved (please circle)?      Yes      No

If so, Name of Insurance Carrier: \_\_\_\_\_

\_\_\_\_\_

Name of Adjuster or Representative: \_\_\_\_\_

Policy Limits: \_\_\_\_\_

Please summarize your position, including the most significant issues: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State the amount of damages being sought by:

Your client:                 \$ \_\_\_\_\_  
Your opponent:             \$ \_\_\_\_\_  
Any other parties:         \$ \_\_\_\_\_  
Total:                         \$ \_\_\_\_\_

What settlement offers, if any, have been made, and by whom? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the discovery in the case is (check appropriate description)

\_\_\_\_\_ Little or none;  
\_\_\_\_\_ Some discovery, but substantially incomplete;  
\_\_\_\_\_ Substantially complete; or  
\_\_\_\_\_ Complete

Do you have enough information to develop a realistic settlement position (check applicable statement)         \_\_\_\_\_ Yes         \_\_\_\_\_ No

If your answer is "No", what information do you need to be able to do so? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If there is any additional information you believe the mediator should have, please briefly describe it:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many people will you have at the mediation, (including counsel)? \_\_\_\_\_

Are there any special accommodations necessary for any of the people who will be attending; and, if so, what do they require? \_\_\_\_\_  
\_\_\_\_\_

I agree that this information is being provided in order to assist the mediator in performing his role, a mediator of this case, and we are requesting that Preston Goodwin act as Mediator in this matter.

We understand and agree that all parties and attorneys will be required to execute a formal Agreement to Mediate and a Mediation Confidentiality Agreement at the commencement of the mediation conducted by Preston Goodwin; and that we will be charged a cancellation fee should be cancel the mediation less than seven (7) days before the scheduled mediation date.

I am attaching a copy of my client's operative pleadings to this statement for the mediator's review prior to the commencement of the mediation.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

By: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Representing: \_\_\_\_\_

\_\_\_\_\_

Attorney for \_\_\_\_\_