

CONFIDENTIAL MEDIATION INFORMATION SHEET

COURT/CAUSE NO.: _____

STYLE: _____

1. Name of Plaintiff (identifying authorized representatives to attend Mediation, if known) and attorneys.

2. Name of Defendant (identifying authorized representatives to attend Mediation, if known) and attorneys.

3. Name of other parties. (Please specify “Intervenor” etc.) (identify authorized representatives to attend Mediation, if known) and attorneys:

4. What is the nature of the Plaintiff's claims and the Defendant's defenses and counterclaims.

5. What relief is sought by the parties?

6. What are the primary disputed issues of law or fact in this case from your perspective?

7. What is the status of discovery:
- A. Little or none;
 - B. Some discovery done but substantially incomplete;
 - C. Substantially complete or complete.
8. A. Do you have sufficient information to form a realistic Settlement position?
If not, what else is needed.
- B. What are the last offers of the parties?

On behalf of my Client(s), the undersigned Attorney of Record requests that Jacob D. Thomas act as Mediator in the above and represents that the Rules of Mediation will be provided to my Client(s) prior to Mediation and the undersigned agrees to comply with the "Rules of Mediation".

Dated this the _____ day of _____, _____.

Respectfully submitted,

(Printed Name)

Attorney of Record for:
