



Please fax to (314) 231-0137
Or email to: mgeigerman@usam.com

Geigerman Case Info Form

Mediation Date: _____ Case Name: _____

Type of Case: _____ Brief description of case: (Use additional pages if necessary) _____

Date of injury/loss: _____ Liability an issue Yes No Comparative an issue Yes No

Specials: (incurred) Medical \$ _____ Plus Chiro \$ _____ Property damage \$ _____

(paid and/or owed) Medical \$ _____ Plus Chiro \$ _____ Lost Wages \$ _____

Amt of medical/WC liens \$ _____ Status of medicare lien and medicare set aside, if any: _____

of Plaintiffs _____ # of Defendants _____ Do you want to have an initial joint session? Yes No

If not, please state the reason(s): _____

Any minors involved? Yes No Venue: _____ Judge: _____ Cause #: _____

Is case set for trial? Yes No If yes, list the date _____ Any dispositive motions pending? Yes No

If Yes, please describe _____

Last offer: \$ _____ Last demand: \$ _____ Who made last offer/demand? _____

Are there any settlement authority issues? Yes No If yes, please identify _____

Do you have sufficient information to settle this case? Yes No If not, what is needed? _____

Please identify and provide any documents you would like the mediator to review: _____

Describe the issues that have prevented settlement: _____

Please identify any special issues the mediator should be informed of: _____

Names and Title of Individuals and Representatives who will be appearing for:

Plaintiff: _____

Defendant: _____

A client with full authority to establish and change a settlement position and who can sign an agreement which is binding without later ratification, must be present for the entire mediation in addition to counsel (unless alternative agreement has been reached by the parties and the mediator is so advised).

Date Submitted: _____ Prepared by: _____ Atty for: _____
