



Please Submit This Form OR A Position Paper

Please fax to (314) 231-0137 or email to: forms@usam.com

Pre Mediation Brief

Mediation Date: Case Name: Mediator 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 the 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 Parties and/or 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: