

MANDATORY MEDIATION DISCLOSURE REPORT

Each party must mail this completed form to the mediating Judge at least 5 days before mediation. Do not copy the other side. If either party believes mediation would be futile, that party shall write to the assigned Judge at least 14 days before the mediation, and copy the mediating Judge, with an explanation of why the mediation would be futile. The assigned Judge's office will contact the parties if a determination has been made that the mediation is futile and the parties are excused from appearing. Requests for postponements should be directed to the mediating Judge and will only be granted for good cause shown. Any request for cancellation or postponement must be received more than 14 days before the mediation. A postponement of a mandatory mediation will not extend the mandatory trial schedule.

PARTY YOU REPRESENT:

YOUR NAME, ADDRESS AND PHONE NUMBER:

(Use a separate sheet of paper if additional space is needed)

BASIC FACTS: ALL PARTIES TO COMPLETE

- A. Claimant's age:
- B. Date of Injury:
- C. Last date of employment:
- D. Claimant's job title and work duties (classify as heavy, moderate or light duty)
- E. Injury accepted by Bureau Document or Judge's Decision?
- F. Description of Accepted injury:
- G. Average Weekly Wage and Rate:
- H. Assigned Judge:
- I. Status of Litigation:

CLAIMANT’S COUNSEL ONLY:

Explain briefly Claimant’s medical treatment to date (physicians, prescriptions, likelihood of future surgery, etc)

Are there outstanding medical bills? If yes, what are the amounts?

Amount of medical expenses Claimant is incurring per year (also identify any anticipated large medical expenses)

Is Claimant on Social Security Disability or has Claimant applied/will apply?

Has Claimant applied for a light duty job with any other employer? Why not?

EMPLOYER’S COUNSEL ONLY

By completing this form, Employer’s counsel certifies and agrees an adjuster or other decision maker with appropriate authority to resolve the case will be available at all times during the mediation by telephone only if personal appearance at the mediation by the adjuster or decision maker is impossible.

Has an IME been performed? By whom? What were the results?

Has Employer offered Claimant light duty/modified work with the pre injury employer? If not, why not?

Please summarize medical expenses paid to date. Please attach a printout of all medical expenses paid within the most recent three years.

ALL PARTIES TO COMPLETE

1. EXPLAIN YOUR ANALYSIS OF THE MERITS OF THE CASE (including basic background facts, medical evidence, credibility of witnesses, etc.)

2. IDENTIFY THE STRENGTHS AND WEAKNESS OF EACH PARTY'S CASE

3. HAVE SETTLEMENT NEGOTIATIONS OCCURRED? IF NOT, WHY NOT? (Explain thoroughly. If yes, what was the result?)

4. WHAT FACTORS OR ISSUES DO YOU VIEW AS IMPEDIMENTS TO REACHING A NEGOTIATED SETTLEMENT?

5. DO YOU BELIEVE THAT A NEGOTIATED SETTLEMENT IS POSSIBLE?

6. OUTLINE YOUR SETTLEMENT PROPOSAL. BE CONCISE, BUT THOROUGH. RANK EACH OPPONENT (i.e. indemnity amount, future medical coverage, etc). IN ORDER OF IMPORTANCE FROM FIRST TO LATE

1.

2.

3.

7. WHICH COMPONENT IS/ARE NEGOTIABLE?

8. WHICH IS/ARE NOT NEGOTIABLE?

9. Are there other ancillary issues that might impact the outcome of the mediation, such as resignation, pension, unrelated employee benefits (e.g. lifetime flight privileges), health insurance, spouse working with health insurance, concurrent losses such as benefits, vacation days lost, sick time lost and/or vacation time that might need to be reimbursed, and any other issues that might impact the success of the mediation? If so, please explain.