

Information Work Sheet for the Mediator, Steven C. Howard

1. Names, addresses, and telephone numbers of parties plaintiff/claimant (identify authorized representatives, if known,) and attorneys of record:

2. Names, addresses and telephone numbers of the parties defendant and/or respondent (identify authorized representatives, if known) and attorneys of record:

3. Names, addresses and telephone numbers of other parties or interest holders, (please specify, "Intervenor", "Lien Holder", "Subrogation Claimaint", etc.) (Identify authorized representatives, if known) and attorneys of record: Are all said parties aware of the mediation?

4. The nature of the Plaintiff/Claimant's claims and the Defendant\Respondent's defenses and counterclaims (attach any additional information/documents or needed pages).

8. Do you have sufficient information, documents, medical bills, expert reports, etc. to form a realistic settlement position? If not, what else is needed do so?

9. Regarding any previous settlement discussions, what are the last demands for settlement by Plaintiff/Claimant and offers of settlement by Defendant/Respondent?

10. When is the scheduled trial date and ADR deadline?

11. How many people will be coming from your side?

On behalf of _____(party or attorney), one of the parties to the above case/matter the undersigned Attorney of Record or pro se representative, requests that Steven C. Howard agree to act as mediator in the above case/matter and I agree to be bound by the "Rules of Mediation" provided by Steven C. Howard, P.C. to me herewith.

Dated, the ____ day of _____, 2017.

RESPECTFULLY SUBMITTED

Attorney of Record and/or Pro-se Party