Confidential Mediation Information Work Sheet Submitted to Mediator, Steven C. Howard

	1.	Names, addresses, and telephone numbers of parties plaintiff/claimant (identi authorized representatives, if known,) and attorneys of record:	fy
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	2.	Names, addresses and telephone numbers of the parties defendant and/or responde (identify authorized representatives, if known) and attorneys of record:	٦t
	3.	Names, addresses and telephone numbers of other parties or interest holders, (pleas specify, "Intervenor", "Lien Holder", "Subrogation Claimant, etc.) (Identify authorize representatives, if known) and attorneys of record: Are all said parties aware of the mediation?	c
		The nature of the Disintiff Ole in anticolor of the D. C. H. N.D.	
	4.	The nature of the Plaintiff/Claimant's claims and the Defendant\Respondent's defense and counterclaims (attach any additional information/documents or needed pages).	S:

5. What relief is sought by the parties?
 What are the primary disputed issues of law or fact in this case, from your perspective (add any additional pages needed to fully explain your position).
7. What is the status of discovery- (1) little or none; (2) some discovery done but substantial incomplete; or (3) substantially complete or complete?
8. Do you have sufficient information, documents, medical bills, expert reports, etc. to formation a realistic settlement position? If not, what else is needed do so?

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10. When is the scheduled trial date	e and ADR deadline?
11. How many people will be coming	g from your side?
case/matter the undersigned Attorney of	_ (party or attorney), one of the parties to the above of Record or pro se representative, requests that Steven the above case/matter and I agree to be bound by the C. Howard, P.C. to me herewith.
Dated, the, 2	022.
	RESPECTFULLY SUBMITTED
	Attorney of Record and/or Pro-se Party