

IN THE CIRCUIT COURT FOR HOWARD COUNTY, MARYLAND

**CONFIDENTIAL ADR STATEMENT**

Please complete and return this form to the Mediator **ONLY**, not to the Court or other counsel.

Case Name: \_\_\_\_\_ Case No. \_\_\_\_\_

Plaintiff \_\_\_\_\_ Defendant \_\_\_\_\_

1. Nature of the case: A brief statement of the facts.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Claims and/or Defenses: Each party to provide claims and defenses as asserted by that party. For personal injury cases, indicate if liability, and/or medical necessity and/or reasonableness of bills are issues.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Relief Sought: Specify nature and amount of each item of damage claimed or description of equitable relief sought. Is permanency an issue? If so, what is the rating?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Is any settlement subject to a lien? Indicate which expenses have already been paid and by whom.

\_\_\_\_\_  
\_\_\_\_\_

5. Most recent settlement demand/offer.

\_\_\_\_\_  
\_\_\_\_\_

6. What figure or other alternative do you believe would settle this case?

\_\_\_\_\_

\_\_\_\_\_  
Attorney for \_\_\_\_\_

**Please Distribute to: Attorneys and/or Pro Se Litigants**