



ADR DIVISION
COURT OF SPECIAL APPEALS
COURTS OF APPEAL BUILDING
361 ROWE BOULEVARD
ANNAPOLIS, MD 21401
410-260-3717
410-260-1547 (fax)

JAY B. KNIGHT, ESQ.
DIRECTOR

Confidential Information Statement

This form may be found in Word and PDF versions at:

<http://www.mdcourts.gov/cosappeals/mediation/>

This statement is to be completed by counsel for appellant and appellee (in close consultation with your client), or by self-represented, or other interested parties **and emailed to the ADR Division, per the instructions provided in the scheduling email, within the time frame specified in the email and in the Order to ADR.** In addition to the information requested below, counsel and /or parties may be requested by the Director of the ADR Division to provide additional information prior to the mediation.

Responses to this form are confidential communications between you and the ADR Division of the Court of Special Appeals. Do not file this form with the Clerk of the Court of Special Appeals and do not provide to opposing counsel/parties. This document is controlled solely by the ADR Division of the Court of Special Appeals and is not a record subject to inspection under Title 16, Chapter 1000 of the Maryland Rules.

Please use additional sheets of paper where necessary.

1. This form is being completed by (circle one):

Counsel for Appellant	Counsel for Appellee	Appellant	Appellee
Other Interested Party	Other: _____		

2. Case name and Court of Special Appeals (COSA) case number.

3. Name of judge, court and circuit court case number from which the case is on appeal.

4. Names, addresses, emails, and weekday telephones of principal counsel for appeal, if any; or if appellant and/or appellee will be self-represented, so indicate and provide contact information for yourself in question number 4, below. All principal counsel are required to attend the mediation.

5. Names, addresses, emails, and weekday telephones of parties in the appeal. All parties are required to attend the mediation.

6. Names, titles, addresses, emails, and weekday telephones of involved representatives

(insurance, corporate, estate, other) who will be involved in the appeal, indicating such person's role and title. Such persons are required to have full authority to settle up to the full limits of the claim or coverage, whichever is greater. Parties are required to attend the mediation with full capacity to resolve the dispute. If a representative plays a role in the decision-making process, that representative must be present for the mediation. If there is an adjuster involved in the case, please provide their contact information and state whether they will be present at the mediation.

7. Briefly describe the underlying conflict between the parties that led to the litigation.

8. Briefly describe the legal issues to be raised in the appeal. Please provide a brief statement of arguments you expect to make regarding these issues. Briefly address appealability issues and standards of review that pertain to your appeal.

9. Please identify any significant facts or issues that are not a part of the issues on appeal that may have a continuing impact on settlement (a) from you or your party's perspective, and (b) from what you perceive to be the other side's perspective.

10. State the strong and weak points of your case.

11. How would you suggest that this case settle? What would be the dollar amount, if relevant? Is your proposal realistic, and if not, what is the barrier?

12. Are there any potential or existing third party liens (e.g. Medicaid, Medicare, SSDI, etc.) or third party claims that may impact the settlement of this case? If yes, please describe, including amount, if known.

13. What are your goals with regard to this dispute? What outcome would best suit your (or your client's) needs? Please state what you are looking for regardless of whether you think the court has the ability to make it happen.

14. Is there other related litigation underway or pending between these parties? If so, briefly describe.

15. Have these parties been through mediation on this conflict previously? If so, please describe, including when and where mediation occurred, how long the parties were in mediation, the name of the mediator, and the result of the mediation (partial agreement or no agreement).

Note: Please bring to the conference any documents that you believe would be useful for the neutrals to review during the conference (e.g., pleadings, court orders, portions of transcripts). The neutrals will not be deciding the issues on appeal; therefore, please be conservative with the length and numbers of documents you present to the mediators or settlement chairs.

Date: _____
Signature

Printed Name: _____

Please state whether you are a Party/Counsel for/Appellant or Appellee or other interested party:

(Ver 4-2017)