ATTORNEY INFORMATION SHEET

1.	Names, addresses and telephone numbers of parties (including the Plaintiff(s), Defendant(s), Intervenor(s), etc., the authorized representative (if applicable) and the attorneys of record.			
2.	The nature of Plaintiff's claims, injuries and defenses (if applicable).			
3.	The nature of Defendant's defenses, counter claims (if applicable).			
1.	Any other claims or defenses, including those by third parties.			

5. Describe briefly the relief sought by you and your client.

6.	Describe briefly the prim	nary disputed issues of law ar	nd fact.	
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7.	Briefly state the status o	f discovery and any impendir	ng deadlines (including trial date).	
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8.	State the last offers of the	ne narties		
ο.	State the last offers of the	ie parties.		
	On behalf of		, a party in the above	
	referenced cause, the undersigned attorney of record requests that Jacqueline Lucci			
	Smith agree to act as Mediator and, as attorney of records and on behalf of my client, I hereby agree to be bound by the Rules of Mediation attached hereto.			
	nereby agree to be bou	nd by the kules of Mediation	i attached hereto.	
	Dated the	day of	, 2013.	

Attorney of Record	Attorney of Record Signature
(Print name)	