



Circuit Court for Prince George's County, Maryland
Courthouse, Upper Marlboro Maryland 20772

**CONFIDENTIAL ALTERNATIVE DISPUTE
RESOLUTION (ADR) STATEMENT**

**Must be received NO LATER THAN seven (7) business days prior to
the scheduled ADR Conference.**

CASE NUMBER: _____ TRACK NUMBER: _____

CASE CAPTION: _____

ADR CONFERENCE DATE: _____ TRIAL DATE: _____

Instructions: Each party is to complete and return this form to the ADR Office no later than seven (7) days prior to the scheduled ADR Conference.

DO NOT file this form with the Clerk's Office;

DO NOT provide to opposing counsel/parties.

This form will not be retained by the ADR Offices, the Clerk's Office or the Assigned ADR Judge.

1. Provide the name, title, office telephone number, cellphone telephone number and email address of each person who will be participating in the ADR conference and designate which person will have settlement or negotiating authority.

- _____
2. Nature of the Case: A **brief** statement of the facts including date(s) and location(s).

- _____
3. Claims and/or Defenses: Each party is to provide **specific** claims and/or defenses as asserted by that party.

- _____
4. Weak Point(s) of the Case:

- _____
5. Strong Point(s) of the Case:

6. Is medical necessity at issue? Yes No Is reasonableness of bills at issue? Yes No

Liability is: in serious dispute. not in serious dispute. conceded.

Is permanency an issue? Yes No

If yes, permanent injuries being claimed: _____

Has an IME been scheduled been completed?

7. Relief Sought:

Total medical expenses to date: _____

Future medical expenses: _____

Loss of earnings to date: _____

Future loss of earnings: _____

Punitive damages: _____

Other special damages: _____

Nature of damages: _____

TOTAL damages: _____

Non-Monetary relief: _____

8. Have there been settlement negotiations? Yes No

Terms to settle: _____

Amount willing to settle: _____

Attorney Name: _____ Telephone _____ Date _____

Choose ONE of the following methods to submit this form:

- 1. Submit electronically by clicking ‘SUBMIT FORM’ below**
- 2. Print, scan and email to ADRCordinator@co.pg.md.us**

Additional information may be submitted on a separate page and e-mailed to ADRCordinator@co.pg.md.us