

## ATTORNEY'S INFORMATION SHEET AND REQUEST FOR MEDIATION

**Location for Mediation:** (If other than Center Court Mediation Group Offices at:  
2028 E. Ben White Blvd. , Suite, 220, Austin, Texas 78741)

**COURT / CAUSE NO:**

**STYLE OF CASE:**

1. Names, addresses and telephones numbers of parties plaintiff (identify authorized representatives, if known) and attorneys of record:
2. Names, addresses, and telephone numbers of parties defendant (identify authorized representatives, if known) and attorneys of record:
3. Names, addresses, and telephone numbers of other parties (please specify, "intervenor", etc.) (identify authorized representatives, if known) and attorneys of record:
4. The nature of the Plaintiff's claims and the Defendant's defenses and counterclaims:
5. What relief is sought by the parties?
6. What are the primary disputed issues of law or fact in this case, from your perspective?
7. What is the status of discovery (1) little or none; (2) some discovery done, but substantially incomplete; (3) substantially complete or complete).
8. Do you have sufficient information to form a realistic settlement position? If not, what else is needed?
9. What are the last offers of the parties?

On behalf of \_\_\_\_\_, one of the parties in the above cause, the undersigned attorney of record requests that \_\_\_\_\_ agree to act as Mediator in the above referenced case and as attorney of record and on behalf of my client, I agree to be bound by the "RULES FOR MEDIATION" provided to me by the Mediator.

Dated the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Respectfully submitted,

Attorney of Record