IN THE SUPERIOR COURT OF THE STATE OF DELAWARE

COUNTY: NEW CASTLE KENT SUSSEX					
	Plaintiff(s))				
MEDIATION CONFERENCE STATEMENT					
The Mediation Conference Statement is a confidential document intended to assist the mediator to prepare for the mediation conference. It should be submitted to the mediator <u>only</u> , at least ten (10) days prior to the scheduled mediation.					
1)	State the facts of the case; and if applicable the nature of any equitable relief being sought.				
2)	With respect to the issue of liability, please complete the following: a) Does this case involve an affirmative defense? If yes, describe. b) State any facts that will bar or diminish any recovery by the Plaintiff.				
3)	Provide a concise statement of any other claims (cross-claims, counter-claims or third party claims) and respective defenses thereto:				

ure of any surgical p al medical expenses ure medical expense s of earnings to date	to date:	ended, scheduled, or performed. \$ \$
ure medical expense	es:	
		\$
s of earnings to date	- Amount:	
		\$
	For what period:	
ure loss of earnings:	Estimated Amount:	\$
	For what period:	
er special damages ecify nature and amo	ount):	\$
neral damages ecify nature and amo	ount):	\$
nitive damages:		\$
nie e	er special damages cify nature and amo eral damages cify nature and amo	Estimated Amount: For what period: er special damages cify nature and amount): eral damages cify nature and amount):

Identify each item of damage and state whether it is supported by documentary evidence

5.

(type and amount):

0.	are subject to contingent fee agreement).	to date and out-of-pocket costs. (Please note if fees
7. against	Please note any liens (e.g., workman's compensany recovery obtained in this case (list any lien	sation, medical providers, etc.) which will be asserted holder and amount).
8. matter	If you are a Plaintiff in this action, state the ter :	rms of your demands in order to settle this
9.	If you are a Defendant in this action, state the	terms of offer in order to settle this matter:
	Dated:	Attorney's Signature
		Attorney's Name (Please Print)
		Attorney For: