

**MEDIATION CASE SUMMARY**

**CASE NO.:** \_\_\_\_\_

**CAPTION:** \_\_\_\_\_

**JUDGE:** \_\_\_\_\_

**DATE OF MEDIATION:** \_\_\_\_\_

**SUMMARY OF MATERIAL FACTS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**SUMMARY OF LEGAL ISSUES:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**STATUS OF DISCOVERY:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**LIST SPECIAL DAMAGES AND SUMMARIZE INJURIES OR DAMAGES:**

\_\_\_\_\_  
\_\_\_\_\_

**SETTLEMENT ATTEMPTS TO DATE, INCLUDING DEMANDS AND OFFERS:**

\_\_\_\_\_  
\_\_\_\_\_

**NAME OF ATTORNEY:** \_\_\_\_\_

**ADDRESS, PHONE, FAX:** \_\_\_\_\_

\_\_\_\_\_

**ATTORNEY FOR:** \_\_\_\_\_

Expand form or include attachments as needed. **(BRIEF SUMMARIES ONLY – DO NOT SEND VOLUMINOUS RECORDS.)** Mail or hand deliver to Mediator’s Office, Summit County Common Pleas Court, 209 S. High Street, Akron, OH 44308, at least four (4) business days prior to the date of the mediation, copy to opposing counsel.