

**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA  
MULTI-DOOR DIVISION**

**MEDICAL MALPRACTICE  
CONFIDENTIAL MEDIATION STATEMENT**

Parties to medical malpractice litigation are required, under D.C. Code §16-2825, to file this Confidential Mediation Statement (CMS) with the Multi-Door Dispute Resolution Division (202-879-1557). The statement must be filed no later than ten days prior to the scheduled mediation session. *Parties and counsel are cautioned that sanctions may be imposed on those who do not file the statement by the due date.*

You may submit the form in one of three ways: by e-mail, regular mail, or hand-delivery. To submit the form by e-mail, send it to: [CivilCSS@dcsc.gov](mailto:CivilCSS@dcsc.gov). The form should be titled by the case number. Do not send any other information or inquiries to this e-mail address. It may only be used to receive completed CSS forms.

The form may be mailed or delivered to: Multi-Door Dispute Resolution Division, 410 E Street, NW, Suite 2900, Washington, D.C. 20001. Hand-delivery must occur between the hours of 8:30 am and 5:00 pm. *There is no after-hours filing box for CMS forms.* Do not deliver CMS forms to the Civil Division or any after-hours filing box. Proper filing with the Multi-Door Division will ensure that the CMS remains confidential and is not filed in the Court's case jacket nor shown to anyone other than the mediator or case evaluator assigned to the case. **Do not send a copy of the statement to opposing counsel or attach a certificate of service.**

Please be candid in your responses; this information is important to the mediation or case evaluation process. Responses need not be confined within the spaces provided. You are encouraged to attach additional pages or expand as much as needed.

If the case has been settled, a settlement praecipe must be filed in the Civil Clerk's Office with a copy sent to the Multi-Door Dispute Resolution Division, in lieu of the statement.

Thank you.

**MEDICAL MALPRACTICE**  
**CONFIDENTIAL MEDIATION STATEMENT**  
**Multi-Door Dispute Resolution Division**

Judge \_\_\_\_\_ Calendar # \_\_\_\_\_

Case Number \_\_\_\_\_

Case Caption \_\_\_\_\_

This case is scheduled for mediation on \_\_\_\_\_ at 1:00 p.m.

Submitted by:

Check one

\_\_\_\_\_  
Attorney or *Pro Se* Party (please print)

- Plaintiff       Defendant  
 3rd party Plaintiff  
 3rd party Defendant

\_\_\_\_\_  
Firm

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Telephone

**List below the names of all parties you represent. (Attach an additional page if necessary). The filing of one settlement statement will suffice for all of the parties that you represent in this matter, provided all of the parties are listed.**

_____ Name of party	_____ Name of party
_____ Name of party	_____ Name of party
_____ Name of party	_____ Name of party
_____ Name of party	_____ Name of party

