

*Superior Court of the District of Columbia*

**PRIVATE EARLY MEDIATION FORM**

for

**Medical Malpractice Mediation**

To be used to notify the court of the selection of a private mediator and a scheduled mediation date in a medical malpractice matter.

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

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

Undersigned counsel have hired a private mediator, \_\_\_\_\_,  
(name of mediator)  
who is “an individual judge or lawyer with at least 10 years of significant experience in  
medical malpractice litigation,” as required under D.C. Code §16-2821.

Mediation of this matter is scheduled on \_\_\_\_\_ at,  
(date)  
\_\_\_\_\_, which is no later than 30 days after the Initial Scheduling  
(time)  
and Settlement Conference. The mediator will complete a mediation report (available at  
[www.dccourts.gov/medmalmediation](http://www.dccourts.gov/medmalmediation)) at the conclusion of the mediation, to be filed with  
the court by the plaintiff.

Submitted by:

\_\_\_\_\_  
Signature Date

Atty. for: \_\_\_\_\_

\_\_\_\_\_  
Signature Date

Atty. for: \_\_\_\_\_

The completed form must be filed with the court and e-mailed to: [earlymedmal@dcsc.gov](mailto:earlymedmal@dcsc.gov). Those unable to eFile may file the form with the Civil Clerk’s Office and send/deliver a copy to the Multi-Door Dispute Resolution Division, 515 5<sup>th</sup> St. NW, Suite 105, Washington, DC 20001.