Martin P. Violante ADR – Attorney Affirmation

One attorney for each party must fill out this form and return it to your judge's chambers. An ADR referral will not be made until they receive a complete form from each party.

Caption: _____ **Index No.:** _____

Parties: Named Party Lawyer/Firm Participating in ADR Attorney Email

_____

_____

_____

_____

Trial Date: ☐ Scheduled, date_____ ☐ Not Scheduled
Defense Med Exam Status: ☐ Completed ☐ Waived ☐ Scheduled, date _____
Note of Issue Status: ☐ Filed, date_____ ☐ Not filed, deadline _____
Summary Judgement Status: ☐ Filed, date _____ ☐ Not filed, deadline _____
Case Summary: _____

_____

_____

Plaintiff Only: (required) Demand _____ Age of Plaintiff at time of accident: _____
Diagnoses related to accident: _____

_____

Treatment: _____

Liens:
☐None ☐Medicaid, amount_____ ☐Medicare, amount_____ ☐Other, amount_____

Damages:
Lost Wages: ☐None ☐past, amount_____ ☐future, amount_____
Medical: ☐None ☐past, amount_____ ☐future, amount_____
Other: _____

_____

Defense Only: **(required)** ☐ Offer _____ ☐ No offer yet but I have settlement authority

Insurance Coverage: Named Defendant/Insurance Companies Policy Limits

_____ _____

_____ _____

_____ _____

_____ _____

_____

A**TTORNEY AFFIRMATION:** The form may be completed and signed together or in counterparts

I affirm that I have consent and authority from my client to negotiate a settlement of the captioned action and that I will engage in good faith negotiations toward a resolution of this action.

Printed Name: _____ Signature: _____ Date: _____

Printed Name: _____ Signature: _____ Date: _____

Printed Name: _____ Signature: _____ Date: _____

Printed Name: _____ Signature: _____ Date: _____