

Martin P. Violante ADR - Attorney Affirmation

One attorney for each party must fill out this form and return it to 8jadr@nycourts.gov. An ADR session will not be scheduled until one form for each party is received.

Caption: _____ Index No. _____
DEMAND: _____ **OFFER:** _____
TRIAL DATE: _____

P. lawyer/firm/phone/email: _____

Named Def. _____ lawyer/firm _____ phone _____ email _____

Case summary: _____

Applicable insurance coverage:

Named D/Ins. Companies/Claim Rep mobile tel# _____ Ins. Policy Limits _____

Defense Med Exam status: scheduled _____ completed ☐ waived ☐
Note of Issue status: deadline _____ not filed ☐ filed _____
Summary judgment status: deadline _____ not filed ☐ returnable _____
Age of plaintiff at time of accident: _____ years old
Diagnoses related to accident: _____

Treatment: _____

Liens: N/A ☐ WC _____ Medicaid ☐ Medicare ☐

Other liens, including contingent loans _____

Lost Wages: none ☐ past _____ future _____

Medical: none ☐ past _____ future _____

Other: _____

ATTORNEY AFFIRMATION: May be signed in counterpart

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

Plaintiff counsel: _____

Defense counsel: _____

