

OFFICE OF THE MEDIATION COORDINATOR

[DATE]

[CASE # AND STYLE]

APPELLATE/CROSS APPELLANT MEDIATION CASE-SCREENING FORM

This screening form is sent to obtain information to be used by the appellate mediation coordinator in assigning the appellate mediator. Appellant, and any Cross-Appellant, must file the completed Mediation Case-Screening Form with the Appellate Mediation Office, Alternative Dispute Resolution Commission, Justice Building, 625 Marshall St., Little Rock, Arkansas, 72201, with a copy of the Order Granting Stay. The appellant shall attach to the form (1) a copy of the notice of appeal, (2) a copy of the complaint and any amendments to the complaint; (3) a copy of the order or judgment to be reviewed by the appellate court; (4) a copy of the order on any post judgment motion, if applicable; and (5) a copy of the post judgment motion if it will assist the coordinator to determine the nature of the dispute. **FAILURE TO RETURN THE MEDIATION CASE- SCREENING FORM MAY RESULT IN THE CASE BEING REJECTED FOR PARTICIPATION IN THE APPELLATE MEDIATION PILOT PROGRAM**

Appellant's or Cross-Appellant's attorney name and Arkansas Bar No. (Lead counsel: If different from the attorney listed on the notice of appeal.)

Address, City, State, Zip:

Phone:

Fax:

E-mail:

Appellee's attorney name and Arkansas Bar No. (Lead counsel: If different from the attorney listed on the notice of appeal.)

Address, City, State, Zip:

Phone:

Fax:

E-mail:

TYPE OF CASE: (for example, personal injury, products liability, probate, business/contract, worker's compensation, employment/labor, administrative agencies, domestic relations, corporate, construction, insurance, landlord/tenant, medical malpractice, professional negligence, wrongful death, real estate, health care, etc)

ISSUES ON APPEAL *(to be completed by appellants/cross-appellants only):*

Describe each expected issue on appeal as now known and the standard which will be applicable to each issue (completion of the questionnaire will not limit which issues may be raised in briefs)

MEDIATION

Was the case mediated at the trial level? Yes _____ No _____

Has the case been mediated since entry of the order appealed? Yes _____ No _____

THE APPELLANT IS TO ATTACH A COPY OF THE NOTICE OF APPEAL, A COPY OF THE COMPLAINT AND ANY AMENDMENTS TO THE COMPLAINT, A COPY OF THE ORDER OR JUDGMENT TO BE REVIEWED BY THE APPELLATE COURT, A COPY OF THE ORDER ON ANY POST JUDGMENT MOTION, IF APPLICABLE, AND A COPY OF THE POST JUDGMENT MOTION AND ALL PARTIES BRIEFS ON IT IF IT WILL ASSIST THE COORDINATOR TO DETERMINE THE NATURE OF THE DISPUTE.

Date

Signature

Print Name

Lead counsel for: _____

NOTE: This form is to be filed with the Appellate Mediation Office, Alternative Dispute Resolution Commission, Justice Building, 625 Marshall St., Little Rock, Arkansas, 72201, Little Rock, Arkansas, together with a copy of the Order Granting Stay. A copy must be provided to appellee counsel.