

**CLERMONT COUNTY MEDIATION CASE SUMMARY**

*Please complete this form and return it to the Mediation Office, preferably by e-mail to hpaddock@clermontcountyohio.gov, by mail to 270 East Main Street, Batavia, Ohio 45103, or fax (513) 732-7127, no later than **15** days prior to the mediation conference. Summaries should be exchanged with opposing counsel unless otherwise ordered. This form is **not to be filed** at the Clerk's office.*

**Case Caption:** \_\_\_\_\_ vs. \_\_\_\_\_

**Case Number:** \_\_\_\_\_ CV\_\_ - \_\_\_\_\_

**Date of Mediation:** \_\_\_\_\_, \_\_\_\_\_

**Material facts of the case:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Legal issues—undisputed and disputed:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Dispositive motions pending?** Yes [ ] No [ ]

**Damages:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Settlement offers / demands to date:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Positions of the parties:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Submitted by** \_\_\_\_\_ **Atty. for Pl. Def.** \_\_\_\_\_ **Other** (mark one)

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**E-Mail** \_\_\_\_\_

**Date submitted to mediator** \_\_\_\_\_ **Date to opposing counsel** \_\_\_\_\_

*Attach additional pages if more space is needed. Thank you!*