

**Belmont County Civil Mediation Program**

**101 West Main Street  
St. Clairsville, Ohio 43950  
Phone: (740) 695-2121, Extension 1043 Fax: (740) 699-2659**

**Mediation Case Summary**

Please complete this form and return it to the Mediation Office no later than 7 days prior to the scheduled mediation session, along with any discoverable documents not in the court file. A copy of the summary should be provided to opposing counsel.

**CASE CAPTION:** \_\_\_\_\_ **CASE #:** \_\_\_\_\_

**MATERIAL FACTS OF THE CASE:** \_\_\_\_\_  
\_\_\_\_\_

**LEGAL ISSUES TO BE RESOLVED:** \_\_\_\_\_  
\_\_\_\_\_

**DAMAGES:**  
\_\_\_\_\_  
\_\_\_\_\_

**SETTLEMENT OFFERS TO DATE:**  
\_\_\_\_\_  
\_\_\_\_\_

**POSITION OF THE PARTIES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submitted by: _____, Counsel for _____
Address: _____
Phone: _____ Fax: _____
Date submitted to mediator: ____/____/____ To opposing counsel: ____/____/____

**\*Attach additional pages if more space is necessary**  
**\*\*Confidential material may be submitted if clearly marked and/or sent under separate cover**