

Plaintiff(s)	*	IN THE
	*	CIRCUIT COURT
v.	*	FOR
	*	BALTIMORE CITY
Defendant(s)	*	CASE NO.
	*	
* * * * *		

**Notice of Selection of ADR Provider by Stipulation
In Health Care Malpractice Claims**

We agree to attend ADR conducted by

(Name, address, and telephone number of ADR Practitioner)

We have made payment arrangements with the ADR Practitioner and we understand that the court's fee schedules do not apply to this ADR. We request that the court designate this ADR Practitioner in lieu of any court-appointed ADR Practitioner. We understand that we are required by the court to complete and return to the ADR Practitioner all ADR evaluation forms.

(Signature of Plaintiff)

(Signature of Defendant)

(Signature of Plaintiff's Attorney, if any)

(Signature of Defendant's Attorney, if any)

Additional Parties/Attorneys

For ADR Practitioner to Complete:

I, _____, agree to conduct the (Name of ADR Practitioner) Following ADR in the above-captioned case [check one]:

Mediation in accordance with MD Rules 17-103 and 17-105.

ADR other than mediation: _____ [specify type of ADR]

At the conclusion of the ADR, I agree to give to the parties all required ADR evaluation forms and instructions provided by the court and will return the completed forms by mail to 111 N. Calvert Street, Room 248E, Baltimore, MD 21202.

I solemnly affirm under the penalties of perjury that I have the qualifications prescribed by the following Rules [check all that are apply]:

_____ Rule 17-205 (d) [Health Care Malpractice]

_____ Rule 17-206 [ADR other than mediation]

_____ None of the above.

Signature of ADR Practitioner