

Plaintiff(s)	*	IN THE
v.	*	CIRCUIT COURT
Defendant(s)	*	FOR
	*	BALTIMORE CITY
	*	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.

(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 any ADR evaluation forms and instructions provided by the court and submit an ADR Datasheet to the Office of Mediation by fax to (410) 396-7378 or mail to 111 N. Calvert Street, Room 248E, Baltimore, MD 21202. (An ADR Datasheet form can be found at [link])

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

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

Rule 17-206 [ADR other than mediation]

None of the above.

Signature of ADR Practitioner