

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number and address): Mark D. Potter/Russell C. Handy 166317/195058 Center for Disability Access, LLP 1022 Pennsylvania Avenue, P.O. Box 34606 San Diego, CA 92163-4606 TELEPHONE NO.: (619) 291-7593 FAX NO.: (619) 725-0720 ATTORNEY FOR (Name): Chris Langer		FOR COURT USE ONLY  <b>F I L E D</b> Clerk of the Superior Court DEC 11 2002  By: C. LUNT, Deputy
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b> <input checked="" type="checkbox"/> HALL OF JUSTICE, 330 W. BROADWAY, SAN DIEGO, CA 92101-3827 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92083-6643 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020-3941 <input type="checkbox"/> RAMONA BRANCH, 1428 MONTECITO RD., RAMONA, CA 92065-5200 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910-5649		
PLAINTIFF	Chris Langer	IC JUDGE: William C. Pate DEPT: 60
DEFENDANT	Hattie M. Davisson; Does 1-10, inclusive	DATE/TIME OF HEARING: 12-20-02, 8:30 am
<b>EARLY CASE MANAGEMENT CONFERENCE - MEDIATION ASSESSMENT</b> (San Diego Superior Court Rules, Division II, Rule 9.8)		CASE NUMBER: GIC794500

Are you:  Plaintiff  Defendant  Cross-Complainant  Cross-Defendant

Instructions: This document must be completed by counsel for each party or by each party appearing without an attorney. The original Mediation Assessment must be filed with the department and a copy must be served on all parties in the case AT LEAST FIVE CALENDAR DAYS PRIOR to the Early Case Management Conference. Parties must also send or fax a copy of the Mediation Assessment to the Mediation Program Office at the Hall of Justice, 330 W. Broadway, Room 241, San Diego, CA 92101 or fax to 619-531-3750. Please note that this Mediation Assessment **does not replace the Case Management Conference Questionnaire (SDSC CIV-351).**

1. I am:

an attorney for a party  a party appearing without an attorney

2. What type of case is this:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Business/Contract          | <input type="checkbox"/> Medical Malpractice        | <input type="checkbox"/> Personal Injury         |
| <input type="checkbox"/> Construction               | <input type="checkbox"/> Intellectual Property      | <input type="checkbox"/> Motor Vehicle Accident  |
| <input type="checkbox"/> Employment/Labor Relations | <input checked="" type="checkbox"/> Landlord/Tenant | <input type="checkbox"/> Property Damage         |
| <input type="checkbox"/> Government/Public Agency   | <input type="checkbox"/> Professional Negligence    | <input type="checkbox"/> Commercial Real Estate  |
| <input type="checkbox"/> Insurance                  | <input type="checkbox"/> Partnership                | <input type="checkbox"/> Residential Real Estate |

3. What is the nature of the dispute?

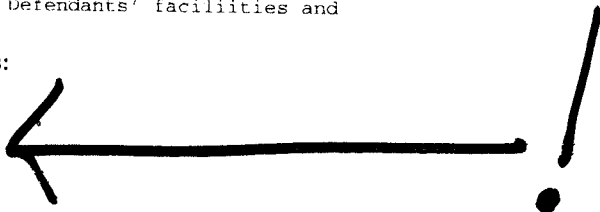
The Plaintiff, who is disabled, encountered architectural barriers at the Defendants' public facility, which barriers were in violation of federal and state disability access laws, which violations denied the Plaintiff access to the Defendants' facilities and services.

4. For personal injury cases, please specify damages and medical expenses:

- Are there pre-existing injuries?  YES  NO
- Are there injuries related to the accident?  YES  NO

If yes, describe

- |                                    |  |             |
|------------------------------------|--|-------------|
| • What are the medical damages?    | To date  | Anticipated |
| • Is there loss of income?         | To date  | Anticipated |
| • Is there property damage?        | To date  | Anticipated |
| • Are there other special damages? | To date  | Anticipated |
| • Is liability in question?        | <input type="checkbox"/> YES <input type="checkbox"/> NO |             |



5. What is the relief sought? Please check all that apply:

Damages, Amount	To be proven		Specific Performance	
Attorneys fees and costs		X	Injunction	X
Declaratory Relief			Rescission	
Accounting			Other	
Punitive Damages	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		

6. How many parties are involved in this lawsuit? 2  
Is each party represented by a separate attorney?  YES  NO

7. Do you feel that this case would benefit from mediation?  Yes  No

8. Please state why the case is suitable for mediation:  
Parties are very close to settlement.

Please state why the case is not suitable for mediation:

9. In your opinion, can you mediate this case in the next 60 days?  Yes  No If no, why not?  
Plaintiff feels settlement will be effected with no need for mediation.

10. Discovery:

What discovery has taken place?

Plaintiff has propounded Form Interrogatories, Interrogatories, Requests for Admissions and Requests for Production of Documents; defendant has not yet responded.

What discovery has been scheduled and when?

11. List three nominees who you are willing to have serve as mediator in this case: (please refer to the list of court-approved mediators located in the court's Arbitration/Mediation Office and on the court's web site)

Robert Ames, Esquire; James G. Ehlers, Esquire; Dennis Fredrickson, Esquire

Questions about the Early Case Management Conference should be directed to the department and phone number on the Notice. Questions about this Mediation Assessment form or the Mediation Pilot Program should be directed to (619) 515-8908.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: December 11, 2002

Mark D. Potter

TYPE OR PRINT NAME

SIGNATURE OF PARTY OR PARTY'S ATTORNEY