



Case Evaluation Panel Registration Form

This form must be received no later than 10 days before the clinic.

Name: _____

State Bar Number: _____

Phone: _____ Fax: _____

Email Address: _____

Name of Case: _____

Type of Case - Please check one:

Title VII, ADA, EPA Type: _____

Whistleblower Type: _____

FLSA/FMLA/Wage Payment Type: _____

USERRA Type: _____

Common Law DC/MDNA Type: _____

Other Type: _____

Return this completed form as an attachment to MWELEA to info@mwela.org.

Questions? Call 703-778-4648 or email info@mwela.org



Case Evaluation Panel Summary

To be completed after Case Evaluation Panel registration is submitted to the MWELEA office.

Panel Date: _____

Summary Deadline: _____

Attorney's Name: _____

Firm's Name: _____

Address: _____

City/State/Zip: _____

Phone : _____ Fax: _____

Email Address: _____

1. Type of Case- Please check one:

- Discrimination
Title VII _____ ADEA: _____
ADA: _____ Other: _____
- Retaliation
Title VII _____ ADEA: _____
ADA: _____ Other: _____
- Whistleblower
Statute: _____
- FLMA/FLSA/W&H
Statute: _____
- Common Law
Theory: _____



Case Evaluation Panel Summary

(continued)

2. Jurisdiction (Court, County and Judge if filed):

3. Procedural Posture:

- Investigation
- Filed but no discovery
- Discovery Ongoing
- Discovery Complete
- Summary Judgment Overcome

4. Facts of the Case:

5. Description of Plaintiff:

6. Description and Calculation of Damages:

7. List Experts, if any:

8. Special Legal or Strategic Problems for Evaluation:

Attach additional pages if necessary.

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Case Evaluation Panel Release Form

Case Evaluation Panel Date: _____

Case Name: _____

I hereby waive any and all claims against MWELA staff and the individual members of the case evaluation panel for discussion and evaluation for the cases I have submitted to this panel and agree to hold MWELA and the individual members of the Case Evaluation Clinic Panels harmless for any claim brought.

Name of Registrant: _____ Date: _____

Signature: _____