



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: _____

Registration Fee

_____ \$95.00- 55 Minute Evaluation for MWELA Member

_____ \$195.00- 55 Minute Evaluation for non-MWELA Member

_____ check enclosed (payable to MWELA) or charge to _____ Visa/MC _____ AMEX

Card Number _____ Security Code _____ ExpDate _____

Once your registration has been received and payment processed, you will receive additional forms that must be completed so that evaluators can begin to review the details of your case.

Return this form to MWELA via fax at 703-683-5480 or email 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 MWELA 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: _____