



**Case Evaluation Registration Form**

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- Single Evaluator Consultation for MWELA Member

\_\_\_\_\_ \$95.00- Single Evaluator Consultation for non-MWELA Member

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

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Card Number \_\_\_\_\_ Security Code \_\_\_\_\_ ExpDate \_\_\_\_\_

Return this form to MWELA via fax at 703-683-5480 or email to [info@mwela.org](mailto:info@mwela.org)

Questions? Call 703-778-4648 or email [info@mwela.org](mailto:info@mwela.org)



**Case Evaluation Summary**

*To be completed upon submitting registration to the MWELA office.*

Preferred 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 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 Release Form**

Case Evaluation 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: \_\_\_\_\_