IN THE COURT OF COMMON PLEAS OF MERCER COUNTY, OHIO

MEDICAL MALPRACTICE REPORT

Mercer County Local Rule 9.11 [CM 22]

Date:_____

Name of Attorney Filing Report:_____

Address:_____

Current Status of Case: Open ☐ Pending ☐ Closed ☐

Case Caption:_____

Case Number:_____ Filing Date:_____

Has the case gone to trial? ☐ Yes ☐ No

Bench Trial ☐ Jury Trial ☐

Trial Dates (only if held):_____

Has a judgment been rendered: ☐ Yes ☐ No

Judgment Entry Date:_____

Has settlement been agreed upon: ☐ Yes ☐ No

Settlement Entry Date:_____

Has a notice of appeal been filed: ☐ Yes ☐ No

Has the time for appeal expired: ☐ Yes ☐ No

	Total Jury Award (Before any Reduction)	Final Judgment	Settlement (if known)
Compensatory Damages:			
Economic:	$_____		
Non-Economic:	$_____		
Punitive Damages:	$_____		
Total Damages:	$_____		