<<COURT\_NAME>>

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| <<PROVIDER\_SUITNAME>>,  a/a/o <<INJUREDPARTY\_NAME>>    Plaintiff,  vs.  <<INSURANCECOMPANY\_SUITNAME>>  Defendant. | Case No. <<INDEXORAAA\_NUMBER>> |

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**NOTICE OF MEDIATION**

PLEASE TAKE NOTICE that on the date and time specified below, that a mediation conference in the above styled cause will take place:

MEDIATOR:

DATE & TIME:

PLACE: Video conference link to be provided by Mediator

All parties acknowledge that the mediation conference constitutes a privileged and confidential communication between those present at the mediation conference as set forth in Chapter 44, Florida Statutes. Pre-mediation and post mediation communications are also confidential. All parties further acknowledge that the mediator is a neutral and may not act as an advocate for any party.

In accordance with the Americans with Disabilities Act of 1990, all persons who are disabled and who need special accommodations to participate in this proceeding because of that disability should contact the above Mediator's office not later than five (5) business days prior to the mediation conference.

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that this Notice has been filed through the Florida e-filing portal on this February 19, 2022.

Florida Insurance Law Group, LLC

8724 Sunset Drive, # 260

Miami, FL 33173

By: */s/ Robert Gonzalez*

Robert Gonzalez, Esq.

FBN: 68865

[pleadings@flinslaw.com](mailto:pleadings@flinslaw.com)