Revised 07/01/19 Effective 07/01/19

**SF-3 RSA**

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| **Attorney — Client Communication Privileged, Confidential, and Exempt from Disclosure under applicable law. Contains material prepared by counsel and may include advice of counsel.** |

**DOJ/ORM REQUEST FOR SETTLEMENT AUTHORITY**

**Case Name:**

**TPA Number:**

**Instructions:**

* Designate the type of RSA being submitted. Then, follow instructions as set forth below:
* This form is to be used for all matters except Workers’ Compensation Matters in OWC Court.

1. **INITIAL RSA**

Submission of the INITIAL RSA is triggered by one (1) of the following events, and is due within the applicable time frame set forth below:

1. IMMEDIATE NOTICE—RECEIPT OF OFFER OF JUDGMENT

Billing Attorney shall **immediately** notify the adjuster upon receipt of an Offer of Judgment from the Plaintiff or a co-defendant, and shall submit a completed RSA as soon as possible to the Adjuster, the appropriate Section Chief or Regional Chief, if applicable.

1. TEN (10) DAY DEADLINE

Billing Attorney shall submit completed RSA form within ten (**10) days** (unless otherwise specified) of the occurrence of any of these other events:

* Receipt of settlement offer from Plaintiff
* Receipt of request to mediate/arbitrate from any party
* Counsel’s determination that liability is certain and/or settlement is advisable
* Settlement activity on the part of any co-defendant
* Receipt of instructions from adjuster to make an offer of judgment to plaintiff (Prior written approval of DOJ required before offer may be extended)
* Any significant or unusual event which changes the evaluation of the State’s exposure
* Receipt of request from adjuster

1. THIRTY (30) DAY DEADLINE

Billing Attorney shall submit completed RSA form at least thirty (**30) days** (or as soon as practicable) prior to any **status conference** at which it may be **reasonably anticipated that settlement will be discussed by the Trial Judge or his designee**

1. **SUPPLEMENTAL RSA**

Billing Attorney shall submit a SUPPLEMENTAL RSA when (1) there is a significant change in counsel’s evaluation of liability and/or quantum as reported in the previous RSA or (2) when requested by the Adjuster.

All Supplemental RSA’s will be a modification of the original RSA and all previous Supplemental RSA’s, so that it is a self-contained document. All new information must be set forth in **bold face type** on the Supplemental RSA form.

1. **PRE-TRIAL** **RSA---DUE ninety (90) DAYS PRIOR TO TRIAL**

The Pre-Trial RSA is due at least ninety (**90) days** prior to trial.

**When a trial is continued**, an updated RSA shall be submitted at least ninety (**90) days** prior to the new trial date. The RSA must include a description of any significant developments, including pre-trial rulings that bear on the assessment of liability or damages, a re-cap of settlement discussions, and any other new information that affects resolution of the case.

1. **OTHER USES**

* Stipulations of liability and all trial stipulations
* Waiver of jury trial
* Bifurcation of trial wherein liability and damages will be tried separately
* Response to plaintiff’s(s’) offer of judgment
* Extending an offer of judgment to plaintiff(s)
* Participation in mediation

1. **SUBMISSION INSTRUCTIONS:**

Contract counsel shall submit the completed form in an electronically editable format to the adjuster, and to the Section Chief at the applicable email address listed below.

LP/DOJ staff attorney shall submit the completed form in an electronically editable format to the appropriate Section Chief; or, to the Regional Office Chief, if LP/DOJ attorney is housed in a Regional Office. The Regional Office Chief shall transmit the RSA to the appropriate Section Chief electronically, at the applicable email listed below:

[CivilRightsSectionChief@ag.louisiana.gov](mailto:CivilRightsSectionChief@ag.louisiana.gov)

[GeneralLiabilitySectionChief@ag.louisiana.gov](mailto:GeneralLiabilitySectionChief@ag.louisiana.gov)

[MedicalMalpracticeSectionChief@ag.louisiana.gov](mailto:MedicalMalpracticeSectionChief@ag.louisiana.gov)

[RoadHazardSectionChief@ag.louisiana.gov](mailto:RoadHazardSectionChief@ag.louisiana.gov)

TransportationSectionChief@ag.louisiana.gov

[WorkersCompSectionChief@ag.louisiana.gov](mailto:WorkersCompSectionChief@ag.louisiana.gov)



**Initial 🗌 Supplemental 🗌 Pretrial 🗌 Post Trial 🗌 Other 🗌**

Caption of Case: **TRIAL DATE:**

JDC and Docket Number: **OTHER CRITICAL DATES:**

ORM Number: **EVENT WHICH**

**PROMPTS REPORT:**

TPA Number (if applicable):

MRP Number (if applicable):

Client:

Adjuster:

Telephone No.:

Defense Counsel:

Telephone No.:

Type of Case:

Date Submitted:

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Plaintiffs:

Plaintiff Attorney:

Assessment of Attorney:

Co-Defendant(s):

Name:

Attorney:

Assessment of Attorney:

Judge’s Name:

Parish/City:

Assessment of Judge and Venue:

Jury: (Yes or No)

Assessment of Venue:

Plaintiff’s Demand:

Requested Settlement Authority:

DOJ/ORM Previously Approved Authority (if any):

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**I.** **Facts:**

**II. Summary of:**

**A. Pleadings filed** (including rulings on dispositive motions and/or

exceptions, and the effect on ultimate trial of this case)

**B. Discovery completed**

1. Written discovery;

2. Deposition(s) taken;

3. Subpoenas or subpoena(s) (Duces Tecum) issued;

4. Interviews/Witness statement(s);

5. All Motor Vehicle Accident claims (Transportation and Road Hazards) must attach a copy of the accident report. If no accident report, provide explanation; and

6. Any other.

**C. Medical Review Panel** (to be completed if this is a medical malpractice case):

1. Date of panel opinion (please attach a copy of the panel opinion);

2. Members of panel and each member’s specialty or area of practice;

3. Brief summary of panel opinion; and,

4. Other relevant information concerning the panel and its status.

**III. Current Stage in the Proceeding** (also note deadlines in any applicable

case management schedule)

**IV. Incidental Actions**

**V. Evaluation of Liability** (discuss theories of recovery, facts, law and

jurisprudence)

**A. State’s exposure**

**B. Exposure of all other parties/persons**

(Describe comparative fault of plaintiff, co-defendants, unnamed

third parties and evidence to support same)

**VI. Experts (Both Medical and Non-Medical)**

**A. Plaintiff Experts**

Name:

Specialty:

Short summary of opinion:

**B. Client Experts**

Name:

Specialty:

Short summary of opinion:

**C. Co-defendant Experts**

Name:

Specialty:

Short summary of opinion:

**VII. Pretrial Motions and Evidentiary Issues** (list each motion you anticipate being filed before trial, including motions in limine and Daubert motions, and indicate any evidentiary problems that may affect the outcome of the case)

**VIII. Other Procedural Matters Affecting Outcome of Case**

**IX. Strengths and Weaknesses of a Trial of this Matter**

**X. Damages** (Describe each element of plaintiff’s damage claim and the evidence to support or contradict same, including but not limited to opinions of treating physicians and IME. If multiple plaintiffs, list claims of each separately. Provide information regarding treatment of injuries)

**A. Itemization of medical expenses**

**B. Itemization of other special damages** (including loss of earnings)

**C. Other damages sought or claims asserted**

**XI. Quantum Analysis** (discuss jurisprudence on range of awards for damages/claims asserted by plaintiff)

**XII. Liens**

* 1. Medicare $

* 1. Medicaid $
  2. La. Office of

Group Benefits $

* 1. Other $

**XIII. Range of Verdict if Case is Tried**

**XIV. Recommendations of Defense Counsel and Reasons Therefor**

Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Regional Chief Comments (If Applicable):**

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Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Regional Chief**

**Section Chief Comments:**

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Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section Chief**

TPA Adjuster/Examiner Comments:

*See TPA RSA Review form or other written communication from TPA.*

Office of Risk Management Comments (supervisor/manager/administrator) if applicable:

*See ORM Claims Council Decision or other written communication from ORM.*

**Litigation Deputy Director Comments (Up to $100,000):**

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Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Deputy Director, Litigation Division**

**Litigation Director Comments (Up to $250,000):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SONIA MALLETT**

**Director, Litigation Division**

**Senior Counsel to the Attorney General Comments (Up to $999,999)**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**JOHN W. SINQUEFIELD**

**Senior Counsel to the ATTORNEY GENERAL**

**Chief Deputy Attorney General or Attorney General Comments (Up to or over $1,000,000):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WILBUR L. STILES**

**Chief Deputy ATTORNEY GENERAL**

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**JEFF LANDRY**

**ATTORNEY GENERAL**