Revised 07/01/23 Effective 07/01/23

**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:**

This form is to be used for all matters except Workers’ Compensation Matters in OWC Court.

1. A RSA is required when the following events occur:
2. **Immediately** upon receipt of Offer of Judgment.
3. Within **10 days** of:
	* + receipt of settlement offer,
		+ receipt of request to mediate/arbitrate,
		+ determination that liability is certain and/or settlement is advisable,
		+ settlement activity on the party of any co-defendant,
		+ any significant or unusual event which changes the evaluation of exposure,
		+ receipt of request from DOJ, LSU or adjuster,
		+ receipt of request to settle after trial or receipt of request to compromise a judgment,
		+ determination that stipulation of liability or trial stipulation is advisable,
		+ determination that waiver of jury trial is advisable,
		+ determination that bifurcation of trial is advisable,
		+ determination that offer of judgment is advisable.
4. **30 days** prior to status conference where settlement is reasonably anticipated to be discussed.
5. **90 days** prior to trial. When trial is continued, an updated RSA must be submitted at least 90 days prior to the new trial date and must include significant developments that may affect the resolution of the case.
6. The types of RSA are classified as follows:
	1. **Initial** **RSA** – to be used for initial requests for settlement authority.
	2. **Supplemental RSA** – to be used 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.
	3. **Pre-Trial RSA** – to be used for RSAs to be submitted 90 days before trial.
	4. **Post-Trial RSA** – to be used for offers of settlements after trial or requests to compromise a judgment.
	5. **Other** – to be used for requests to stipulate to liability, to enter into trial stipulations, to waive a jury trial, to bifurcate a trial, to participate in mediation, or any other situation that does not fall within types 1-4.
7. **SUBMISSION INSTRUCTIONS:**

Special Assistant Attorney General (hereinafter referred to as “SAAG”) shall submit the completed form in an editable format simultaneously to the adjuster and to the Section Chief to the applicable email address listed below.

LP/DOJ Assistant Attorney General (hereinafter referred to as “AAG”) staff attorney shall submit the completed form in an editable format to the appropriate Section Chief to the applicable email address below. However, if the AAG Staff Attorney is housed in a Regional Office, the completed form shall be submitted to the Regional Office Chief, who shall transmit the RSA to the appropriate Section Chief to the applicable email address listed below.

The below email addresses for the applicable subject matter sections are:

CivilRightsSectionChief@ag.louisiana.gov

GeneralLiabilitySectionChief@ag.louisiana.gov

MedicalMalpracticeSectionChief@ag.louisiana.gov

RoadHazardSectionChief@ag.louisiana.gov

TransportationSectionChief@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**

**Chief Deputy Attorney General or Attorney General Comments (Up to or over $250,000):**

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

 **JOHN W. SINQUEFIELD**

 **Chief Deputy ATTORNEY GENERAL**

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

  **JEFF LANDRY**

 **ATTORNEY GENERAL**