

Case Submission Form

Case Caption: _____ vs. _____

Plaintiff / Claimant

Name: _____

Attorney/Representative: _____

Law Firm: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Fax: _____

E-mail: _____

File Number: _____

Defendant / Respondent

Name: _____

Attorney/Representative: _____

Law Firm: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Fax: _____

E-mail: _____

File Number: _____

Insurance Carrier

Name: _____

Name of Insured: _____

Claims Representative: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Fax: _____

E-mail: _____

Claim Number: _____

Type of ADR Process Requested:

Type of Dispute:

Estimated Hearing Time:

Name of the Neutral or Neutrals You Wish to Consider:

Location Requested:

Additional Information:

