

Additional Parties:

Name: _____ P / D (Please circle one)

Attorney/Rep. _____

Address: _____

Phone: _____ Fax: _____

Insurance Company: _____

Claim Number: _____

Please list any additional parties on a separate sheet or in the space provided below.

Services Requested: Mediation _____ Arbitration _____ High-Low Arbitration _____

Other, please specify: _____

Status of Negotiations: (Optional Disclosure): Is liability stipulated? _____

Most recent demand: _____ Most recent offer: _____

Additional comments: _____

Estimated length of Hearing: _____

Preferred dates & location: _____

Preferred Neutral(s): _____

Please list any further comments below or on a separate sheet:
