ARC CASE FILING FORM

____/____/ 2008
DATE FILED WITH ARC

_____
COURT CASE NO.

FOR ARC USE ONLY

_____ _____
ARC CASE NO. CASE MANAGER

PARTIES:

π_____
PLAINTIFF/PETITIONER/CLAIMANT

Δ_____
DEFENDANT/RESPONDENT (If different from INSURED)

_____
ATTORNEY
_____
FIRM
_____
STREET ADDRESS
_____
CITY ZIP
(__)_____
PHONE FAX
_____
EMAIL ADDRESS
_____
SECRETARY'S NAME

_____
ATTORNEY
_____
FIRM
_____
STREET ADDRESS
_____
CITY ZIP
(__)_____
PHONE FAX
_____
EMAIL ADDRESS
_____
SECRETARY'S NAME

INSURANCE CLAIM INFO, if applicable:

_____
NAME OF INSURED

_____
CLAIM NUMBER

_____
INSURANCE CARRIER

____/____/____
DATE OF LOSS

_____
CLAIMS REPRESENTATIVE
(__)_____
PHONE FAX

_____
STREET ADDRESS
_____
CITY ZIP

_____
HOW TO BILL (EVEN SPLIT, etc.)

ADDITIONAL PARTIES ☐ YES
IF YES, PLEASE ATTACH
SERVICE LIST

____ HOUR(S)/DAY(S)
EST. PREP./HEARING TIME

CASE TYPE

☐ Business/Contractual	☐ Environmental	☐ Lender Liability
☐ Class Action	☐ Family Law/Cooperative Divorce	☐ Personal Injury
☐ Complex Litigation	☐ Federal Disputes	☐ Premises Liability
☐ Construction Defect	☐ Fee Disputes	☐ Probate Disputes
☐ Disability/Access	☐ Health Care/Medical Malpractice	☐ Products Liability
☐ Elder Care	☐ Homeowners Association	☐ Professional Liability
☐ Eminent Domain	☐ Insurance Coverage	☐ Real Estate
☐ Employment	☐ Intellectual Property	☐ Transportation
☐ Entertainment	☐ Legal Malpractice	

HEARING FORMAT

☐ Appellate Review	☐ Low - Cost Mediation & Arbitration
☐ Arbitration Tribunal	☐ Mediation
☐ Binding Arbitration	☐ Neutral Fact Finding
☐ Cooperative Divorce Center	☐ Private Trial/638 Reference
☐ Discovery Referee	☐ Settlement Conference
☐ Independent Investigation	☐ Settlement Days
☐ Judge Pro Tem	☐ Special Master