

WAMS CASE REFERRAL FORM

Date submitted: _____

Claim Number: _____

Case Name: _____

Submitted by: _____ Contact: _____

Firm: _____ Telephone: _____

Mailing Address: _____ Email: _____

Your Client/Insured Plaintiff Defendant: _____

Other Representatives for this Client: _____

OTHER PARTIES AND THEIR REPRESENTATIVES (please check if plaintiff or defendant):

A. Plaintiff Defendant: _____

Represented by: _____ Contact: _____

Firm: _____ Telephone: _____

Mailing Address: _____ Email: _____

Other Representatives for this Client: _____

B. Plaintiff Defendant: _____

Represented by: _____ Contact: _____

Firm: _____ Telephone: _____

Mailing Address: _____ Email: _____

Other Representatives for this Client: _____

C. Plaintiff Defendant: _____

Represented by: _____ Contact: _____

Firm: _____ Telephone: _____

Mailing Address: _____ Email: _____

Other Representatives for this Client: _____

Any other parties/ reps/ issues: _____

CASE TYPE: _____ Mediation Arbitration UIM Arbitration Other _____

ADR FEES: Equal Split Defense Pays Other: _____ Demand > \$100K? Yes No

HEARING TIME REQUESTED: 1/2 Day Full Day Other: _____

Explain any scheduling limits or neutral preferences: _____ Trial Date?: _____

FOR WAMS USE ONLY

Hearing Date: _____ Time: _____ to _____ Neutral: _____

Location: SW TW Other: _____ Fee PP: _____ Admin: _____

Prepayment Due Date: _____ Other: _____

WAMS Case Number: _____ WAMS Administrator: _____