

WAMS CASE REFERRAL FORM

Date submitted: _____

CASE NAME: _____ Check if CR 39.1 []

PARTIES AND THEIR REPRESENTATIVES (please check if plaintiff/defendant and provide claim # if applicable):

1. Plaintiff Defendant: _____

Represented by: _____ Contact: _____

Firm: _____ Telephone: _____

Claim #: _____ Email: _____

Other Representatives for this Client: _____

2. Plaintiff Defendant: _____

Represented by: _____ Contact: _____

Firm: _____ Telephone: _____

Claim #: _____ Email: _____

Other Representatives for this Client: _____

3. Plaintiff Defendant: _____

Represented by: _____ Contact: _____

Firm: _____ Telephone: _____

Claim #: _____ Email: _____

Other Representatives for this Client: _____

4. Plaintiff Defendant: _____

Represented by: _____ Contact: _____

Firm: _____ Telephone: _____

Claim #: _____ Email: _____

Other Representatives for this Client: _____

5. Plaintiff Defendant: _____

Represented by: _____ Contact: _____

Firm: _____ Telephone: _____

Claim #: _____ Email: _____

Other Representatives for this Client: _____

Other participants, ie, subro or coverage issues? Please explain: _____

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: _____ Time Frame: _____

AGREED NEUTRAL(S)/LOCATION?: _____

FOR WAMS USE ONLY

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

Location: SW TW Other: _____ Prepayment? Yes No By: _____

WAMS Case Number: _____ WAMS Administrator: _____