



Case Submission Form

INSTRUCTIONS

Please submit this form to 3Chairs Mediation Group, Inc. along with a caption page, if available. For multiple party matters, attach a service list. 3Chairs Mediation Group, Inc. will contact all parties to coordinate the ADR process.



1-413-216-9989

www.3chairsmediationgroup.com

CASE CAPTION

| | | |
|-------|-----|-------|
| _____ | VS. | _____ |
|-------|-----|-------|

CLAIMANT

| | | |
|-------------------------------|----------------------------------|-------------|
| NAME _____ | COURT FILE NUMBER (IF ANY) _____ | |
| REPRESENTATIVE/ATTORNEY _____ | | |
| FIRM/COMPANY _____ | WEBSITE ADDRESS _____ | |
| ADDRESS _____ | | |
| CITY _____ | STATE _____ | ZIP _____ |
| PHONE _____ | FAX _____ | EMAIL _____ |

RESPONDENT

| | | |
|-------------------------------|----------------------------------|-------------|
| NAME _____ | COURT FILE NUMBER (IF ANY) _____ | |
| REPRESENTATIVE/ATTORNEY _____ | | |
| FIRM/COMPANY _____ | WEBSITE ADDRESS _____ | |
| ADDRESS _____ | | |
| CITY _____ | STATE _____ | ZIP _____ |
| PHONE _____ | FAX _____ | EMAIL _____ |



INSURANCE INFORMATION

CARRIER
NAME _____

FILE/CLAIM
NUMBER _____

CLAIM
REPRESENTATIVE _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

PHONE _____

FAX _____

EMAIL _____

OTHER PARTIES TO DISPUTE

LIST PARTIES WHO HAVE AGREED TO USE ADR



Case submission form

ATTACH A BRIEF DESCRIPTION OF THE CASE, INCLUDING ISSUES IN CONTROVERSY AND CASE HISTORY.

| | | |
|-------------|-------------|------------|
| SUIT FILED? | CASE NUMBER | TRIAL DATE |
|-------------|-------------|------------|

| |
|------------------------------------|
| MEDIATION DEADLINE (IF APPLICABLE) |
|------------------------------------|

FEE SPLIT

| | | | |
|--------------------|---|----------------------|---|
| PLAINTIFF/CLAIMANT | % | DEFENDANT/RESPONDENT | % |
|--------------------|---|----------------------|---|

SUBMISSION INFORMATION

| | |
|--------------|------|
| SUBMITTED BY | DATE |
|--------------|------|

| |
|------------------|
| FIRM/ COMPANY |
|------------------|

| | | |
|-------|-----|-------|
| PHONE | FAX | EMAIL |
|-------|-----|-------|

| | | | |
|--------------------|------------------|----------------------|-------------|
| PLAINTIFF ATTORNEY | DEFENSE ATTORNEY | CLAIM REPRESENTATIVE | OTHER PARTY |
|--------------------|------------------|----------------------|-------------|

| |
|----------------------------|
| IF "OTHER" INCLUDE DETAILS |
|----------------------------|