

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: _____

NATURE: _____ Mediation UIM Arbitration Express Other

ADR FEES: Equal Split Defense Pays Other: _____

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

EXPRESS OPTION: Demand: _____ 2 hours 3 hours Mediator/LOCATION: _____

FOR WAMS USE ONLY

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

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

WAMS Case Number: _____ WAMS Administrator: _____