



CASE FILING FORM

____ / ____ / 2021

ARC CASE NUMBER

DATE FILED WITH ARC

- Case Manager
- Steve
 - Lee
 - Marjorie
 - Nicole
 - Adina
 - Samantha
 - Stephanie

COURT CASE NUMBER

INSURANCE CLAIM INFO, if applicable

NAME OF INSURED

CLAIM NUMBER

INSURANCE CARRIER

DATE OF LOSS

CLAIMS REPRESENTATIVE

STREET ADDRESS

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(AC)

PHONE

FAX

CITY

ZIP CODE

E-MAIL ADDRESS

PARTIES

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PLAINTIFF / PETITIONER / CLAIMANT

ATTORNEY FOR PLAINTIFF / PETITIONER / CLAIMANT

FIRM

STREET ADDRESS

CITY

ZIP CODE

()

(AC)

PHONE

FAX

E-MAIL ADDRESS

SECRETARY'S NAME

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DEFENDANT / RESPONDENT (if different than INSURED above)

ATTORNEY FOR DEFENDANT / RESPONDENT

FIRM

STREET ADDRESS

CITY

ZIP CODE

()

(AC)

PHONE

FAX

E-MAIL ADDRESS

SECRETARY'S NAME

CASE TYPE (or write in): _____

- Probate Disputes
- Personal Injury
- Family Law/Cooperative Divorce
- Employment
- Real Estate
- Medical Malpractice
- Homeowners Association
- Fee Disputes
- Premises Liability
- Business/Contractual
- Construction Defect
- Elder Care
- Intellectual Property
- Products Liability

ADDITIONAL PARTIES? *If checked, please attach Service List*

ESTIMATED PREP./HEARING TIME: _____
how many

HOW TO BILL? Evenly Split Split X ways → _____
how many

Hours
 Full Days
 Half Days
 Low Cost Hearing

TYPE OF HEARING (VSC, BM, etc.)

CONFIRMED with _____ on DATE _____ SPOKE with _____