



# Asher Mediation™

## CASE SUBMISSION FORM

Submitting Party: \_\_\_\_\_  
Case Caption: \_\_\_\_\_  
Estimated Hearing Length: \_\_\_\_\_ Hours \_\_\_\_\_ Days  
Type of Case: \_\_\_\_\_

### PLAINTIFF:

Plaintiff's Name: \_\_\_\_\_

Attorney: Name: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

### DEFENDANT(S):

Defendant's Name: \_\_\_\_\_

Attorney: Name: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Carrier: Company: \_\_\_\_\_  
Claims Rep: \_\_\_\_\_  
Claim No.: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Mediation & Dispute Resolution

**ADDITIONAL PARTIES:**

Plaintiff's Name: \_\_\_\_\_

Attorney: Name: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Defendant's Name: \_\_\_\_\_

Attorney: Name: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Carrier: Company: \_\_\_\_\_  
Claims Rep: \_\_\_\_\_  
Claim No.: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Defendant's Name: \_\_\_\_\_

Attorney: Name: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Carrier: Company: \_\_\_\_\_  
Claims Rep: \_\_\_\_\_  
Claim No.: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_