

CASE TRANSMITTAL FORM

Date: _____
 Case No.: _____

(Claimant/Plaintiff)
 v.

(Insured/Defendant)

Case Submitted by _____ for Adjuster _____
 _____ for Plaintiff _____
 _____ for Defendant _____

Location: Baton Rouge _____ Metairie _____ Other _____

ADJUSTER'S NAME: _____

Insurer: _____ Claim/File No. _____

Telephone Number: () _____ Ext. _____ Email: _____

Fax Number: () _____

Address: _____

PLAINTIFF COUNSEL: Your file no. _____
 (Attorney, firm & address)

DEFENSE COUNSEL: Your file no. _____
 (Attorney, firm & address)

Reps _____

Reps _____

Telephone: () _____
 FAX: () _____
 E-Mail: _____

Telephone: () _____
 FAX: () _____
 E-Mail: _____

(FOR ADDITIONAL PARTIES, PLEASE COMPLETE OTHER SIDE)

Type of case: Personal Injury Property Damage Worker's Comp Products Liability/Med. Malpractice
 Domestic Relations Maritime Commercial Other _____

Brief Description of case (Please note any unusual circumstances) _____

Fees to be paid by: Submitting Party Split Other – Explain: _____

Mediator(s) requested: _____

Are there any trial dates or time limitations? _____

Have you discussed mediation w/the other side? Yes No Result? _____

PLEASE FORWARD THIS FORM TO: TWO LAKEWAY CENTER PHONE: (504) 831-2141 Website: www.maps-adr.com
 3850 N. CAUSEWAY BLVD, SUITE 400 TOLL FREE: (800) 443-7351 E-mail: resolutions@maps-adr.com
 METAIRIE, LOUISIANA 70002 FAX: (504) 837-2566

BATON ROUGE LOCATION: TWO UNITED PLAZA PHONE: (225) 769-4553
 8550 UNITED PLAZA BLVD, SUITE 904 TOLL FREE: (866) 769-4553
 BATON ROUGE, LOUISIANA 70809 FAX: (225) 769-4558

JACKSON LOCATION: 800 AVERY BLVD. NORTH, SUITE 101 PHONE: (601) 991-0627
 RIDGELAND, MS 39157 TOLL FREE: (800) 397-9533

Intake initials _____

PLEASE COMPLETE FOR ANY ADDITIONAL PARTIES

PARTY: _____
COUNSEL: _____ FILE NO. _____
(Attorney, firm & address)

ADJUSTER'S NAME: _____
INSURER _____ CLAIM NO. _____
(Company name & address)

TELEPHONE: (____) _____
FAX: (____) _____
E-MAIL: _____

TELEPHONE: (____) _____
FAX: (____) _____
E-MAIL: _____

PARTY: _____
COUNSEL: _____ FILE NO. _____
(Attorney, firm & address)

ADJUSTER'S NAME: _____
INSURER _____ CLAIM NO. _____
(Company name & address)

TELEPHONE: (____) _____
FAX: (____) _____
E-MAIL: _____

TELEPHONE: (____) _____
FAX: (____) _____
E-MAIL: _____

PARTY: _____
COUNSEL: _____ FILE NO. _____
(Attorney, firm & address)

ADJUSTER'S NAME: _____
INSURER _____ CLAIM NO. _____
(Company name & address)

TELEPHONE: (____) _____
FAX: (____) _____
E-MAIL: _____

TELEPHONE: (____) _____
FAX: (____) _____
E-MAIL: _____

PARTY: _____
COUNSEL: _____ FILE NO. _____
(Attorney, firm & address)

ADJUSTER'S NAME: _____
INSURER _____ CLAIM NO. _____
(Company name & address)

TELEPHONE: (____) _____
FAX: (____) _____
E-MAIL: _____

TELEPHONE: (____) _____
FAX: (____) _____
E-MAIL: _____