

# ARC CASE FILING FORM

\_\_\_\_/\_\_\_\_/2008  
DATE FILED WITH ARC

\_\_\_\_\_  
COURT CASE NO.

## FOR ARC USE ONLY

### PARTIES:

\_\_\_\_\_  
ARC CASE NO.

\_\_\_\_\_  
CASE MANAGER

π  
PLAINTIFF/PETITIONER/CLAIMANT

Δ  
DEFENDANT/RESPONDENT (If different from INSURED)

\_\_\_\_\_  
ATTORNEY

\_\_\_\_\_  
ATTORNEY

\_\_\_\_\_  
FIRM

\_\_\_\_\_  
FIRM

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY ZIP

\_\_\_\_\_  
CITY ZIP

( )  
PHONE FAX

( )  
PHONE FAX

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
SECRETARY'S NAME

\_\_\_\_\_  
SECRETARY'S NAME

### INSURANCE CLAIM INFO, if applicable:

\_\_\_\_\_  
NAME OF INSURED

\_\_\_\_\_  
CLAIM NUMBER

\_\_\_\_\_  
INSURANCE CARRIER

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE OF LOSS

\_\_\_\_\_  
CLAIMS REPRESENTATIVE

\_\_\_\_\_  
STREET ADDRESS

( )  
PHONE FAX

\_\_\_\_\_  
CITY ZIP

\_\_\_\_\_  
HOW TO BILL (EVEN SPLIT, etc.)

ADDITIONAL PARTIES  YES \_\_\_\_\_ HOUR(S)/DAY(S)  
IF YES, PLEASE ATTACH EST. PREP./HEARING TIME  
SERVICE LIST

### CASE TYPE

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Business/Contractual | <input type="checkbox"/> Environmental                   | <input type="checkbox"/> Lender Liability       |
| <input type="checkbox"/> Class Action         | <input type="checkbox"/> Family Law/Cooperative Divorce  | <input type="checkbox"/> Personal Injury        |
| <input type="checkbox"/> Complex Litigation   | <input type="checkbox"/> Federal Disputes                | <input type="checkbox"/> Premises Liability     |
| <input type="checkbox"/> Construction Defect  | <input type="checkbox"/> Fee Disputes                    | <input type="checkbox"/> Probate Disputes       |
| <input type="checkbox"/> Disability/Access    | <input type="checkbox"/> Health Care/Medical Malpractice | <input type="checkbox"/> Products Liability     |
| <input type="checkbox"/> Elder Care           | <input type="checkbox"/> Homeowners Association          | <input type="checkbox"/> Professional Liability |
| <input type="checkbox"/> Eminent Domain       | <input type="checkbox"/> Insurance Coverage              | <input type="checkbox"/> Real Estate            |
| <input type="checkbox"/> Employment           | <input type="checkbox"/> Intellectual Property           | <input type="checkbox"/> Transportation         |
| <input type="checkbox"/> Entertainment        | <input type="checkbox"/> Legal Malpractice               |   |

### HEARING FORMAT

- |   |   |
|---|---|
| <input type="checkbox"/> Appellate Review           | <input type="checkbox"/> Low - Cost Mediation & Arbitration |
| <input type="checkbox"/> Arbitration Tribunal       | <input type="checkbox"/> Mediation                          |
| <input type="checkbox"/> Binding Arbitration        | <input type="checkbox"/> Neutral Fact Finding               |
| <input type="checkbox"/> Cooperative Divorce Center | <input type="checkbox"/> Private Trial/638 Reference        |
| <input type="checkbox"/> Discovery Referee          | <input type="checkbox"/> Settlement Conference              |
| <input type="checkbox"/> Independent Investigation  | <input type="checkbox"/> Settlement Days                    |
| <input type="checkbox"/> Judge Pro Tem              | <input type="checkbox"/> Special Master                     |