



THE RESOLUTION EXPERTS[®]

CASE SUBMISSION FORM

Resolution Centers Nationwide • 1.800.352.JAMS • www.jamsadr.com

**Please submit this form to your local JAMS Resolution Center.
A JAMS professional will contact all parties to coordinate the ADR process.
To file an Arbitration, please use the *Demand for Arbitration* form at www.jamsadr.com.**

CASE CAPTION	vs.	
<i>Additionally, submit caption page, if available.</i>		
PLAINTIFF/CLAIMANT	Name	
Representative/Attorney		
Law Firm		
Address		
City/State/Zip		
Telephone	Fax	Email
File Number		
DEFENDANT/RESPONDENT	Name	
Representative/Attorney		
Law Firm		
Address		
City/State/Zip		
Telephone	Fax	Email
File or Claim Number		
INSURANCE CARRIER	Name	
Address		
City/State/Zip		
Telephone	Fax	Email
File or Claim Number		

If multiple parties are involved, attach a service list.

CASE SUBMISSION FORM continued

NATURE OF DISPUTE

Attach a brief description of the case including issues in controversy and case history.

CLAIMS & RELIEF SOUGHT BY CLAIMANT

Attach the claims asserted by Plaintiff/Claimant and requested relief (including amount in controversy, if applicable).

CASE INFORMATION

Has suit been filed?

Case Number

Trial Date

Mediation deadline (if applicable)

SESSION INFORMATION

Mediation

Neutral Evaluation

Discovery Referee/Special Master

Judge Pro Tem

Other

Requested JAMS Resolution Center

Requested session dates

Estimated session duration

Fee Split

% Plaintiff/Claimant

% Defendant/Respondent

NEUTRAL INFORMATION

Have the parties mutually agreed to a neutral?

If so, whom?

Submitted By

Date