

VENNER ADR

MEDIATION SERVICES
CHARLOTTE M. VENNER, ESQ.

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MEDIATION SUBMITTAL FORM

Submitting the following information at this time will help us to process your referral quickly and efficiently. The portions noted with an asterisk (*) are necessary for me to be able to contact you, open a file and send a confirming letter. You may find it easier to fill out this basic information and then attach a proof of service too. Thank you.

Referred by: _____				
Case name*:			Billing file no:	
Important dates:	Arb. _____	STC. _____	Trial: _____	Other: _____
Submitting Co./Atty./Ins. Claims:			Date submitted*:	
Your address*:				
Phone*:		E-Mail:		Fax*:
Claims representative:			Title:	
Claims phone:		E-Mail:		Fax:
Insurance carrier:				
Carrier address:				
Your principal/ insured/ client. (Please mark the appropriate box below)*:				
<input type="checkbox"/> Plaintiff	<input type="checkbox"/> Defendant	<input type="checkbox"/> Cross-Defendant	<input type="checkbox"/> Other: _____	
Type of case/dispute:			Date of loss:	
Client(s) role in dispute:				
Brief summary of facts and procedural status of file:				
Please briefly note any pivotal legal or procedural issues, if applicable, that may have a bearing on resolution of this case:				
Most recent demand of Pl:			Most recent offer:	
Status of settlement negotiations:				
Status of related cross-actions and any pertinent contract issues:				

Additional discovery needed before ADR can be effective:		
Which parties have agreed to mediate?		
Have the parties made any non-pro-rata cost sharing arrangements?		
Additional information:		
Parties: If you do not complete the following section, please provide a current Proof of Service showing all parties, their telephone numbers and their respective role in the dispute. You may attach this as a Word document to an e-mail to me at venneradr@msn.com , or you can fax it to me at (415) 388-1036, along with this form. Thank you.		
Party Name:		Atty. Name:
<input type="checkbox"/> Pltf. <input type="checkbox"/> Def. <input type="checkbox"/> Other: _____		Firm:
Role in Dispute:		Firm Address:
Carrier:		Billing File Number:
Representative:		Title:
Phone:	Fax:	E-Mail
Party Name:		Atty. Name:
<input type="checkbox"/> Pltf. <input type="checkbox"/> Def. <input type="checkbox"/> Other: _____		Firm:
Role in Dispute:		Firm Address:
Carrier:		Billing File Number:
Representative:		Title:
Phone:	Fax:	E-Mail
Party Name:		Atty. Name:
<input type="checkbox"/> Pltf. <input type="checkbox"/> Def. <input type="checkbox"/> Other: _____		Firm:
Role in Dispute:		Firm Address:
Carrier:		Billing File Number:
Representative:		Title:
Phone:	Fax:	E-Mail
Party Name:		Atty. Name:
<input type="checkbox"/> Pltf. <input type="checkbox"/> Def. <input type="checkbox"/> Other: _____		Firm:
Role in Dispute:		Firm Address:
Carrier:		Billing File Number:
Representative:		Title:
Phone:	Fax:	E-Mail

ADDITIONAL PARTY SHEETS ARE AVAILABLE UPON REQUEST