

CASE & CONTACT INFORMATION REQUIRED TO SECURE A MEDIATION DATE:

COMPLETE NAME OF CASE: _____

Superior Court Number: _____ **County:** _____

For EACH Participant, please provide: (an additional attachment may be submitted)

<p>_____ CLIENT'S NAME:</p> <p>_____ ATTORNEY'S NAME/FIRM:</p> <p>_____ OFFICE TELEPHONE:</p> <p>_____ MAILING ADDRESS:</p> <p>FAX : _____ CELL PHONE: _____ EMAIL ADDRESS: _____ _____</p>	<p>_____ CLIENT'S NAME:</p> <p>_____ ATTORNEY'S NAME/FIRM:</p> <p>_____ OFFICE TELEPHONE:</p> <p>_____ MAILING ADDRESS:</p> <p>FAX : _____ CELL PHONE: _____ EMAIL ADDRESS: _____ _____</p>
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The Insurance Company: _____
The Claim Number: _____
If there are multiple insurance companies involved, please identify the company
AND the name of their insured: Company: _____ Insured: _____

The name of the claims representative who has been handling the file and/or who
will be present at the mediation: _____
The Claims Representative's Cell Phone Number: _____
Email address: _____

Who is the Judge in this case? _____
Case Management Conference Dates:
Previous: _____ Upcoming: _____
Mediation Review Hearing Dates:
Previous: _____ Upcoming: _____
Mandatory Settlement Conference date: _____
Trial date: _____

Is this Mediation in Lieu of Arbitration? YES NO
Have you been to Non-Binding Judicial Arbitration? YES NO
If so, please state the arbitration date, the arbitrator's name, and the decision:

Upon receipt of the required information, above, Williams & Williams Mediation will send a confirming letter to all parties. Information regarding submission of briefs, billing and cancellation fees, **presumed acceptance of the Agreement to Mediate Policies**, etc. will be provided in that letter.

Please contact admin@williamsmediation.com or call 408-288-3868 x105 with questions & concerns.
Please refer to www.williamsmediation.com for information re: billing, scheduling, CV's, briefs, etc.