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Referral From:	Name:		Address of carrier/client:	
	Adjuster:		Claim #:	
Client	Name:	Address:		Client's Status in Action:
	Telephone #:	E-Mail:		Contact Person:
Pending Action	Name:		Address:	
	Caption of Action:		Court in which action pending:	Court Case #: _____ Hearing Date (if any): _____ Type of Hearing: _____
	Type of Case: <input type="checkbox"/> Subrogation <input type="checkbox"/> Liability Defense <input type="checkbox"/> Other: _____			
Identity of Parties/Atty to Action	Plaintiff(s):		Plaintiff's Attorney(s):	
	Defendant(s):		Defendant's Attorney(s):	
Pending Deadlines	<input type="checkbox"/> Statute of Limitations:		<input type="checkbox"/> Governmental Claim Filing:	
	<input type="checkbox"/> Pre-Hearing Filing Deadlines:		<input type="checkbox"/> Pending Discovery:	
Issues	Issues Affecting Liability:	Client:		Opposing Party(ies):
	Issues Affecting Amount of Recovery / Damages:	Client:		Opposing Party(ies):