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Referral From:	Name:			Address of carrier/client:		
	Adjuster:			Claim #:		
Client	Name:			Address:		
	Telephone #:			E-Mail:		
					Client's Status in Action:	
					<input type="checkbox"/> Plaintiff	<input type="checkbox"/> Defendant
					<input type="checkbox"/> Lien Claimant	<input type="checkbox"/> Other
					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):	