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