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|--|--|--|-----------------|---|-------------------------------|--|
| Referral From: | Name: | | | Address of carrier/client: | | |
| | Adjuster: | | | Claim #: | | |
| Client | Name: | | Address: | | | Client's Status in Action: |
| | Telephone #: | | E-Mail: | | | <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Lien Claimant <input type="checkbox"/> Other |
| 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: | | |
| | Issues Affecting Amount of Recovery / Damages: | | | Client: | | |
| | | | | Opposing Party(ies): | | |
| | | | | Opposing Party(ies): | | |