



Case Submission Form

Resolving Disputes Worldwide

NOT ARBITRATION

INSTRUCTIONS

Please submit this form to your local JAMS Resolution Center along with a caption page, if available. Additionally, if multiple parties are involved, attach a service list. A JAMS professional will contact all parties to coordinate the ADR process. To file an Arbitration, please use the Demand for Arbitration form which can be found at www.jamsadr.com.

1-800-352-JAMS
www.jamsadr.com

CASE CAPTION

_____ VS. _____

CLAIMANT

NAME _____	COURT FILE NUMBER (IF ANY) _____	
REPRESENTATIVE/ATTORNEY _____		
FIRM/ COMPANY _____	WEBSITE ADDRESS _____	
ADDRESS _____		
CITY _____	STATE _____	ZIP _____
PHONE _____	FAX _____	EMAIL _____

RESPONDENT

NAME _____	COURT FILE NUMBER (IF ANY) _____	
REPRESENTATIVE/ATTORNEY _____		
FIRM/ COMPANY _____	WEBSITE ADDRESS _____	
ADDRESS _____		
CITY _____	STATE _____	ZIP _____
PHONE _____	FAX _____	EMAIL _____



Case Submission Form (continued)

Resolving Disputes Worldwide

NATURE OF DISPUTE / CLAIMS & RELIEF SOUGHT BY CLAIMANT

ATTACH A BRIEF DESCRIPTION OF THE CASE, INCLUDING ISSUES IN CONTROVERSY AND CASE HISTORY.



Case Submission Form (continued)

Resolving Disputes Worldwide

CASE INFORMATION

SUIT FILED?	CASE NUMBER	TRIAL DATE
_____	_____	_____
MEDIATION DEADLINE (IF APPLICABLE) _____		

SESSION INFORMATION

MEDIATION <input type="checkbox"/>	NEUTRAL ANALYSIS <input type="checkbox"/>	REFEREE OR SPECIAL MASTER <input type="checkbox"/>	TEMPORARY JUDGE OR JUDGE PRO TEM <input type="checkbox"/>
OTHER <input type="checkbox"/>	IF "OTHER" INCLUDE DETAILS _____		
REQUESTED RESOLUTION CENTER _____			
REQUESTED SESSION DATES _____			
ESTIMATED SESSION DURATION _____			

NEUTRAL INFORMATION

PARTIES MUTUALLY AGREE ON NEUTRAL(S)?	_____
NEUTRAL NAME(S) (IF APPLICABLE)	_____

FEE SPLIT

PLAINTIFF/CLAIMANT _____ %	DEFENDANT/RESPONDENT _____ %
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SUBMISSION INFORMATION

SUBMITTED BY _____	DATE _____		
FIRM/COMPANY _____			
PHONE _____	FAX _____	EMAIL _____	
PLAINTIFF ATTORNEY <input type="checkbox"/>	DEFENSE ATTORNEY <input type="checkbox"/>	CLAIM REPRESENTATIVE <input type="checkbox"/>	OTHER PARTY <input type="checkbox"/>
IF "OTHER" INCLUDE DETAILS _____			