



Intake Initials: _____
Date Submitted: _____
Case No.: _____
Reopen: _____
(maps® Internal Use Only)



LLC

Case Transmittal Form

Short Caption, including first name:

[Claimant/Plaintiff(s)]
V.

[Insured/Defendant(s)]

Case Submitted by: _____ for Plaintiff Defendant Adjuster

Mediator(s) Requested: _____

Mediation date/time desired: _____ Are we holding a date? If yes, what date? _____

Location: Metairie _____ Baton Rouge _____ Other _____

Have you discussed mediation with the other side? Yes _____ No _____ Notes: _____

Are there any trial dates or time limitations? _____ If yes, what date? _____

If no, what time frame to schedule? _____

How are the fees to be handled: Paid by Submitter _____ Split _____ Other _____

Type of case:

- Personal Injury Property Damage Workers' Comp Products Liability Med. Malpractice
- Construction Maritime Commercial Domestic Other _____

Does this case, or any others at your firm, have any **lien issues** related to **Medicare/Medicaid, group/private health plans** (including **Class Actions**)? _____ If so, **we can help**. Please call us at 800 -443-7351, or use this referral form: [LRS referral form](#)

Parties Involved:

Plaintiff's Counsel:

Name: _____
Represents: _____
Phone No.: _____
Email: _____
Avail dates: _____

Plaintiff's Counsel:

Name: _____
Represents: _____
Phone No.: _____
Email: _____
Avail dates: _____

Defense Counsel:

Name: _____
Represents: _____
Phone No.: _____
Email: _____
Avail dates: _____

Adjuster:

Name: _____
Company: _____
Claim No.: _____
Phone No.: _____
Email: _____
Avail dates: _____

PLEASE FORWARD THIS FORM TO:

TWO LAKEWAY CENTER
3850 N. CAUSEWAY BLVD, SUITE 400
FREE:
METAIRIE, LOUISIANA 70002

PHONE: (504) 831-2141
TOLL (800) 443-7351
FAX: (504) 837-2566

Website: <http://maps-adr.com/>
E-mail: resolutions@maps-adr.com

BATON ROUGE LOCATION:

TWO UNITED PLAZA
8550 UNITED PLAZA BLVD, SUITE 904
BATON ROUGE, LOUISIANA 70809

PHONE: (225) 769-4553
TOLL FREE: (866) 769-4553

Additional Parties

Counsel:

Name: _____
Represents: _____
Phone No.: _____
Email: _____
Avail dates: _____

Adjuster:

Name: _____
Company: _____
Claim No.: _____
Phone No.: _____
Email: _____
Avail dates: _____

Counsel:

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Represents: _____
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Email: _____
Avail dates: _____

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