

**Case Transmittal Form**

**Short Caption, including first name:**

\_\_\_\_\_  
 [Claimant/Plaintiff(s)]  
 V.

\_\_\_\_\_  
 [Insured/Defendant(s)/Respondent(s)]

**Case Submitted by:** \_\_\_\_\_ for  Plaintiff  Defendant  Adjuster

**Arbitrator/Mediator(s) Requested:** \_\_\_\_\_

**Mediation date/time desired:** \_\_\_\_\_ **Are we holding a date? If yes, what date?** \_\_\_\_\_

**Location:** Metairie \_\_\_\_\_ Baton Rouge \_\_\_\_\_ Mandeville \_\_\_\_\_ 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 (Explain): \_\_\_\_\_ 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:*

E-mail: [resolutions@maps-adr.com](mailto:resolutions@maps-adr.com)  
 Website: <http://maps-adr.com>

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

Name: \_\_\_\_\_  
Represents: \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
Email: \_\_\_\_\_  
Avail dates: \_\_\_\_\_

**Adjuster:**

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Claim No.: \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
Email: \_\_\_\_\_  
Avail dates: \_\_\_\_\_

**Counsel:**

Name: \_\_\_\_\_  
Represents: \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
Email: \_\_\_\_\_  
Avail dates: \_\_\_\_\_

**Adjuster:**

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Claim No.: \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
Email: \_\_\_\_\_  
Avail dates: \_\_\_\_\_

**Counsel:**

Name: \_\_\_\_\_  
Represents: \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
Email: \_\_\_\_\_  
Avail dates: \_\_\_\_\_

**Adjuster:**

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Claim No.: \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
Email: \_\_\_\_\_  
Avail dates: \_\_\_\_\_

**Counsel:**

Name: \_\_\_\_\_  
Represents: \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
Email: \_\_\_\_\_  
Avail dates: \_\_\_\_\_

**Adjuster:**

Name: \_\_\_\_\_  
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Email: \_\_\_\_\_  
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**Counsel:**

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Represents: \_\_\_\_\_  
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Email: \_\_\_\_\_  
Avail dates: \_\_\_\_\_

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Avail dates: \_\_\_\_\_