

IVAMS

Arbitration & Mediation Services

A leader in the field of Alternative Dispute Resolution serving the Legal Community since 1994

HEARING REQUEST

Fax or Mail this completed form

Name of Case: _____ Today's Date: _____
Requesting Party _____ Contact Person _____
Type of Case _____

PLAINTIFF/PETITIONER

Name(s) _____
Attorney: _____ Firm: _____
Address _____
Telephone: _____ Fax: _____ Email: _____
Total Number of People Attending Hearing (Including Representative, Interpreters, etc.): _____

DEFENDANT/RESPONDENT

Name(s) _____
Attorney: _____ Firm: _____
Address _____
Telephone: _____ Fax: _____ Email: _____
Insurance, if Applicable, Including Claim No. & Date of Loss: _____
Total Number of People Attending Hearing (Including Representative, Interpreters, etc.): _____

TYPE OF SERVICE REQUESTED

- | | |
|--------------------------------------|--|
| Arbitration: | <input type="checkbox"/> Mediation |
| <input type="checkbox"/> Binding | <input type="checkbox"/> All parties agree to use the IVAMS rules of Arbitration |
| <input type="checkbox"/> Non Binding | <input type="checkbox"/> All parties decline to use the IVAMS rules of Arbitration |
- (To view IVAMS rules of Arbitration visit our website at www.IVAMS.com)

Referring Court: _____ Referring Judge: _____
Court Case Number: _____ Hearing Location Requested: _____
Hearing officer requested: _____

Preparation/ Research Time: _____	Estimated Hearing Time: _____	Total Estimated Time: _____	<input type="checkbox"/> Hours <input type="checkbox"/> Days
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COMMENTS/ADDITIONAL PARTIES:

Hearing Locations: Orange County, Pasadena, Rancho Cucamonga, Riverside and San Diego

Rev. 3/31/10

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