

IVAMS

Arbitration & Mediation Services

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. _____

Total Number of People Attending Hearing (Including Representative, Interpreters, etc.): _____

TYPE OF SERVICE REQUESTED

- | | | |
|---------------------------------------|--|---|
| Arbitration: <input type="checkbox"/> | <input type="checkbox"/> Mediation | <input type="checkbox"/> 3-Judge Trial |
| <input type="checkbox"/> Binding | <input type="checkbox"/> Settlement Conference | <input type="checkbox"/> Private Jury Trial |
| <input type="checkbox"/> Non-Binding | <input type="checkbox"/> Discovery | <input type="checkbox"/> Judge Pro Tem |

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:

