

Taken By \_\_\_\_\_  
Submitted by \_\_\_\_\_  
Case Manager. \_\_\_\_\_  
Date: \_\_\_\_\_



CMA# \_\_\_\_\_  
II Invoice# \_\_\_\_\_  
Δ Invoice# \_\_\_\_\_  
DB  AL

CENTURY MEDIATION ASSOCIATES, INC.  
**FILE SUBMISSION WORKSHEET**

TO SUBMIT CASES JUST CALL US OR FILL IN THE INFORMATION AND FAX IT BACK. CMA will do the rest!

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**1. PLAINTIFF:**

Last Name, First: \_\_\_\_\_  
FILE #: \_\_\_\_\_  
Attorney: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_  
Fax: (\_\_\_\_) \_\_\_\_\_  
**E-MAIL:** \_\_\_\_\_

**3. OTHER PARTY:**  PLAINTIFF  DEFENDANT

Last Name, First: \_\_\_\_\_  
Attorney: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_  
Fax: (\_\_\_\_) \_\_\_\_\_  
**E-MAIL:** \_\_\_\_\_  
Insurance Co.: \_\_\_\_\_  
Address: \_\_\_\_\_

**2. DEFENDANT/INSURANCE CARRIER:**

Last Name, First: \_\_\_\_\_  
FILE#: \_\_\_\_\_  
Attorney: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_  
Fax: (\_\_\_\_) \_\_\_\_\_  
**E-MAIL:** \_\_\_\_\_

Claim Number \_\_\_\_\_  
Claim Rep.: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_  
Fax: (\_\_\_\_) \_\_\_\_\_  
**E-MAIL:** \_\_\_\_\_

**4. OTHER PARTY:**  PLAINTIFF  DEFENDANT

Name: \_\_\_\_\_  
Attorney: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_  
Fax: (\_\_\_\_) \_\_\_\_\_  
**E-MAIL:** \_\_\_\_\_  
Insurance Co.: \_\_\_\_\_  
Address: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_  
Address: \_\_\_\_\_  
Claim Number: \_\_\_\_\_  
Date of Loss \_\_\_\_\_  
Claim Rep.: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_  
Fax: (\_\_\_\_) \_\_\_\_\_  
**E-MAIL:** \_\_\_\_\_

Claim Number: \_\_\_\_\_  
Claim Rep.: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_  
Fax: (\_\_\_\_) \_\_\_\_\_

Is Liability an issue?  Yes  No

Has Suit been filed?  Yes  No

Parties Agreed ?  Yes  No

**Carrier: Is Plaintiff**  
Required to attend?  Yes  No

**E-MAIL:** \_\_\_\_\_

Check Procedure:  **MEDIATION**  1 Hour Hearing (Non-Binding)  Settlement Day \_\_\_\_\_

**ARBITRATION** 1 Hour Hearing (Binding)

Last Offer and Demand: Offer: \_\_\_\_\_ Demand: \_\_\_\_\_

Suggested Parameters: High: \_\_\_\_\_ Low: \_\_\_\_\_

Determination: Damages Only  Liability AND Damages

**Procedure Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Venue:** \_\_\_\_\_ **Presiding:** \_\_\_\_\_