



CASE REFERRAL FORM

Please fill out completely and email to ana@eptams.com

Name of Referring party: _____

Address: _____ Email: _____

_____ Phone: _____

Claimant/Plaintiff Information:

Name: _____

Address: _____ City, State, Zip _____

Attorney (if represented): _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Respondent/Defendant Information:

Name: _____

Address: _____ City, State, Zip _____

Attorney (if represented): _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Insurance Company/Adjustor (if Insurance Company involved):

Name & Company : _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____



PLEASE COMPLETE FOR EACH ADDITIONAL PARTY

ADDITIONAL PARTIES:

Claimant/Plaintiff or Respondent/Defendant

Name: _____
Address: _____ City, State, Zip _____
Attorney (if represented): _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Phone: _____

Claimant/Plaintiff or Respondent/Defendant

Name: _____
Address: _____ City, State, Zip _____
Attorney (if represented): _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Phone: _____

Description of Claim: _____

Has Demand been made? [] Yes [] No Amount: \$ _____

Last Offer: \$ _____

Lawsuit been filed? [] Yes [] No

If yes, Cause No.: _____ Court: _____

Is discovery complete? [] Yes [] No [] Not begun

Is there an agreement to mediate? [] Yes [] No

If yes, what additional information is needed? _____



SPECIAL REQUESTS: If you require special arrangements or services, please specify here:

Please send completed form to ana@eptams.com

Thank you.