



AltCourt Case Submission Form

Resolving Disputes Worldwide

NOT ARBITRATION

INSTRUCTIONS

Please submit this form to your local AltCourt Resolution Center along with a caption page, if available. Additionally, if multiple parties are involved, attach a service list. An AltCourt professional will contact all parties to coordinate the ADR process. To file an Arbitration, please use the Demand for Arbitration form which can be found at www.AltCourt.com

CASE CAPTION

_____ VS. _____

CLAIMANT

NAME _____ COURT FILE NUMBER (IF ANY) _____

REPRESENTATIVE/ATTORNEY _____

FIRM/
COMPANY _____ WEBSITE ADDRESS _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____ EMAIL _____

RESPONDENT

NAME _____ COURT FILE NUMBER (IF ANY) _____

REPRESENTATIVE/ATTORNEY _____

FIRM/COMPANY _____ WEBSITE ADDRESS _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____ EMAIL _____



AltCourt Case Submission Form

Resolving Disputes Worldwide

NOT ARBITRATION

INSURANCE INFORMATION

CARRIER NAME _____

CLAIM REPRESENTATIVE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____ EMAIL _____

OTHER PARTIES TO DISPUTE

LIST PARTIES WHO HAVE AGREED TO USE ADR



AltCourt Case Submission Form

Resolving Disputes Worldwide

NOT ARBITRATION

NATURE OF DISPUTE / CLAIMS & RELIEF SOUGHT BY CLAIMANT

ATTACH A BRIEF DESCRIPTION OF THE CASE, INCLUDING ISSUES IN CONTROVERSY AND CASE HISTORY.



AltCourt Case Submission Form

Resolving Disputes Worldwide

NOT ARBITRATION

CASE INFORMATION

SUIT FILED? _____ CASE NUMBER _____ TRIAL DATE _____

MEDIATION DEADLINE (IF APPLICABLE) _____

SESSION INFOAMTION

MEDIATION ☐ NEUTRAL ANALYSIS ☐ REFEREE OR SPECIAL MASTER ☐ TEMPORARY JUDGE OR PRO TEM ☐

OTHER ☐ IF "OTHER" INCLUDE DETAILS _____

REQUESTED RESOLUTION CENTER _____

REQUESTED SESSION DATES _____

ESTIMATED SESSION DURATION _____

NEUTRAL INFORAMTION

PARTIES MUTUALLY AGREE ON NEUTRAL(S)? _____

NEUTRAL NAMES (S) (IF APPLICABLE) _____

FEE SPLIT

PLAINTIFF / CLAIMANT _____% DEFENDANT / RESPONDENT _____%

SUBMISSION INFORMATION

SUBMITTED BY _____ DATE _____

FIRM / COMPANY _____

PHONE _____ FAX _____ EMAIL _____

PLAINTIFF ATTORNEY ☐ DEFENSE ATTORNEY ☐ CLAIM REPRESENTATIVE ☐ OTHER PARTY ☐

IF "OTHER" INCLUDE DETAILS _____