

**THE JANSEN GROUP, INC.**

20 Jerusalem Avenue, Suite 203, Hicksville, NY 11801

(P): 516-433-3474

(F): 516-433-3495

**PLAINTIFF INFORMATION**

Name(s): \_\_\_\_\_ Case/File Number: \_\_\_\_\_

Contact: \_\_\_\_\_ Firm: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

Date of Loss: \_\_\_\_\_ Suit Filed? Yes [ ] No [ ]

**DEFENDANT INFORMATION**

Name(s): \_\_\_\_\_ Claim Number: \_\_\_\_\_

Contact: \_\_\_\_\_ Carrier/Firm: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

**ADDITIONAL PARTY INFORMATION**

Name(s): \_\_\_\_\_ Claim Number: \_\_\_\_\_

Contact: \_\_\_\_\_ Carrier/Firm: \_\_\_\_\_

Address: \_\_\_\_\_ Phone : \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

Type of Proceeding: Mediation [ ] Arbitration [ ] High/Low Arbitration [ ]

Parameters: \_\_\_\_\_ / \_\_\_\_\_ (To be negotiated by the parties; not to be discussed with Hearing Officer.)

At Issue: Liability [ ] Damages [ ] Both [ ]

**All hearings will be administered by The Jansen Group (“Provider”) pursuant to its Rules of Procedure in effect on the date the case is submitted to the Provider. By signing this form, the signing party acknowledges that it has been provided with a copy of the Provider’s Rules, read them, or waived its right to do so, and agrees to be bound thereby.**

AGREED AND ACCEPTED: (This Form May Be Signed in Counterparts)

Plaintiff (1) by:

Defendant (1) by:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print)

\_\_\_\_\_  
(Print)

Plaintiff/Defendant (2) by:

Plaintiff/Defendant (2) by:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print)

\_\_\_\_\_  
(Print)