

Litigation

Please print out this form, fill it out to the best of your ability and knowledge, and bring it and any additional documents to your initial meeting. Coming to your initial meeting with as much of this information as possible speeds your case, saving time and therefore money. However, if you do not have some of the information, there is time as the case continues to obtain and provide it. If you do not know the answer to one of the questions, leave it blank and we can help you with the form.

1. Provide a copy of the complaint filed against you and the date it was served to you.
2. Provide names and addresses of persons known to be witnesses concerning the facts of the case. Please indicate whether or not a written or recorded statement has been taken from the witnesses and who has possession of such statements. *Attach a separate sheet if there are more than 4 witnesses.*

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Has a written or recorded statement been taken from this witness? Yes or No

If "yes", where is this statement? Provide name and address if known.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Has a written or recorded statement been taken from this witness? Yes or No

If "yes", where is this statement? Provide name and address if known:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Has a written or recorded statement been taken from this witness? Yes or No

If "yes", where is this statement? Provide name and address if known.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Has a written or recorded statement been taken from this witness? Yes or No

If "yes", where is this statement? Provide name and address if known.

3. Provide names and addresses of insurance companies that have liability insurance coverage relating to the claim, policy numbers, and amount(s) of coverage.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Policy Number: _____

Amount of Coverage: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Policy Number: _____

Amount of Coverage: _____

4. Provide all documents related to this claim with an itemized list.

5. Provide a copy of all contracts, agreements, files, plans, business records, photographs, slides, videotapes, data compilations, work orders, brochures, plats, sketches, diagrams, installation instructions, product descriptions, compensation, receipts, specifications, reports, and any other related documents pertaining to this action.

6. Provide copies of all communication, written or electronic, between the parties.

