



Riverside County Bar Association  
**DISPUTE RESOLUTION SERVICE, INC.**  
4129 Main Street, Suite 100 ♦ Riverside, CA 92501  
Phone (951) 682-2132 ♦ Fax (951) 682-0106 ♦ [drs@riversidecountybar.com](mailto:drs@riversidecountybar.com)

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## JOINT REQUEST FOR HEARING AND AGREEMENT

Name of case: \_\_\_\_\_

If applicable:

Civil case # \_\_\_\_\_ County \_\_\_\_\_ Trial date \_\_\_\_\_

Nature of proceeding requested:

- Arbitration:                       Mediation                       Other: \_\_\_\_\_  
 Binding  
 Non-Binding

Estimated length of matter: \_\_\_\_\_ Hours (Fee is \$150 per hour – minimum 4 hours deposit required.)

Type of case:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Bad Faith        | <input type="checkbox"/> Family Law                     | <input type="checkbox"/> Probate                  |
| <input type="checkbox"/> Bankruptcy       | <input type="checkbox"/> Insurance                      | <input type="checkbox"/> Products Liability       |
| <input type="checkbox"/> Business         | <input type="checkbox"/> Intellectual Property          | <input type="checkbox"/> Professional Malpractice |
| <input type="checkbox"/> Construction     | <input type="checkbox"/> Landlord/Tenant                | <input type="checkbox"/> Real Property            |
| <input type="checkbox"/> Contract         | <input type="checkbox"/> Lemon Law                      | <input type="checkbox"/> Tort Law                 |
| <input type="checkbox"/> Employment/Labor | <input type="checkbox"/> Medical Malpractice            | <input type="checkbox"/> Other _____              |
| <input type="checkbox"/> Environmental    | <input type="checkbox"/> Personal Injury/Wrongful Death | _____   |

Insurance company involved: \_\_\_\_\_

Claims adjuster's name: \_\_\_\_\_

Brief statement of facts:

Nature of injury/status of injury:

Special damages sought by plaintiff or cross complainant (list each item and amount):

*(continued on back)*

**We hereby submit this case to RCBA Dispute Resolution Service for hearing. We have reviewed and agree to be bound by the RCBA Dispute Resolution Service rules and procedures.**

**Copy this form as needed. Please have all parties to the litigation sign the form and return with fees to: RCBA Dispute Resolution Service ♦ 4129 Main Street, Suite 100 ♦ Riverside, CA 92501.**

**Name of case:** \_\_\_\_\_

Print Name: _____
Phone: _____ Fax: _____
Complete address (include firm name): _____ _____ _____
<input type="checkbox"/> Attorney for _____ <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant
Signature: _____

Print Name: _____
Phone: _____ Fax: _____
Complete address (include firm name): _____ _____ _____
<input type="checkbox"/> Attorney for _____ <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant
Signature: _____

Print Name: _____
Phone: _____ Fax: _____
Complete address (include firm name): _____ _____ _____
<input type="checkbox"/> Attorney for _____ <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant
Signature: _____