



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

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 \$200 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):

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: _____ |