

# MAX WEISS MEDIATION

E. Max Weiss, Professional Mediator  
 911 Diamond Park  
 Meadville, Pennsylvania 16335  
 Telephone: (814) 336-6500 ♦ Fax: (814) 336-6510

## MEDIATION SUBMITTAL FORM

**INFORMATION ABOUT THE PARTIES** (NOTE: USE ADDITIONAL PAGES FOR MULTIPLE PARTIES)

<b>PLAINTIFF</b>	<b>DEFENDANT</b>
NAME:	NAME:
ADDRESS:	ADDRESS:
<b>PLAINTIFF'S ATTORNEY/REPRESENTATIVE (IF ANY)</b>	<b>DEFENDANT'S ATTORNEY/REPRESENTATIVE</b>
NAME:	NAME:
ADDRESS:	ADDRESS:
TELEPHONE: (        )        -	TELEPHONE: (        )        -
FACSIMILE: (        )        -	FACSIMILE: (        )        -
E-MAIL:	E-MAIL:

	<b>CLAIM REPRESENTATIVE (IF APPLICABLE)</b>
	NAME:
	INSURER:
	TELEPHONE: (        )        -
	FACSIMILE: (        )        -
	E-MAIL:

<b>ADDITIONAL PARTY ( ___ PLAINTIFF/ ___ DEFENDANT)</b>	<b>ADDITIONAL PARTY ( ___ PLAINTIFF/ ___ DEFENDANT)</b>
NAME:	NAME:
ADDRESS:	ADDRESS:
<b>ATTORNEY/REPRESENTATIVE (IF ANY)</b>	<b>ATTORNEY/REPRESENTATIVE (IF ANY)</b>
NAME:	NAME:
ADDRESS:	ADDRESS:
TELEPHONE: ( _____ ) _____ - _____	TELEPHONE: ( _____ ) _____ - _____
FACSIMILE: ( _____ ) _____ - _____	FACSIMILE: ( _____ ) _____ - _____
E-MAIL:	E-MAIL:

<b>ADJUSTER (IF APPLICABLE)</b>	<b>ADJUSTER (IF APPLICABLE)</b>
NAME:	NAME:
CARRIER:	CARRIER:
TELEPHONE: ( _____ ) _____ - _____	TELEPHONE: ( _____ ) _____ - _____
FACSIMILE: ( _____ ) _____ - _____	FACSIMILE: ( _____ ) _____ - _____
E-MAIL:	E-MAIL:

**INFORMATION ABOUT THE CASE**

<input type="checkbox"/> AUTO ACCIDENT	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> COMMUNITY
<input type="checkbox"/> CONSTRUCTION	<input type="checkbox"/> CONSUMER	<input type="checkbox"/> CONTRACT
<input type="checkbox"/> EMPLOYMENT	<input type="checkbox"/> FEE DISPUTES	<input type="checkbox"/> PERSONAL INJURY
<input type="checkbox"/> PRODUCTS LIABILITY	<input type="checkbox"/> PROFESSIONAL LIABILITY	<input type="checkbox"/> OTHER _____
DEMAND _____	OFFER _____	

**STATUS OF THE CASE**

IS THIS CLAIM IN LITIGATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF LOSS:
IF THIS MATTER IS IN LITIGATION:	
Caption: _____	v. _____
_____	_____
Court: _____	
Trial Dates or Time Constraints: _____	Judge: _____
_____	

**BRIEFLY DESCRIBE THE FACTUAL DISPUTE**

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**PARTY INITIATING MEDIATION PROCESS:**     PLAINTIFF(S)     DEFENDANT(S)     BOTH

**EXPECTED TIME NEEDED FOR MEDIATION:**     HALF DAY (UP TO 4 HOURS; 1 P.M. - 5 P.M.)  
 FULL DAY (UP TO 8 HOURS; 9 A.M. - 5 P.M.)

**MEDIATION FEES TO BE PAID EQUALLY BY THE PARTIES OR (DESCRIBE):** \_\_\_\_\_

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**Please complete and return by mail or by fax to**

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