

**

STATUTE OF LIM: **

FILE OPENED: **

client name: **

address: **

phone home: **

phone work: **

mailing address: **

d/o/b: **

SS no: ***_**_****

d/o/a: **

place/time: **

weather **

Employer: **

Address: **

** **

Gross/ **

Net/ **

Time Lost **

Wages Lost **

TORT THRESHHOLD

Verified? ` yes ` no

Vehicle Information:

damage **

defendant name: **

address: **

phone: **

vehicle information: **

defendant attorney: **

address: **

phone: **

file #: **

atty handling: **

defendant's carrier **

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address:	**
phone:	**
adjuster:	**
claim #:	**

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PIP COMP:	**
carrier:	**
address:	**
phone:	**
claim #	**

VALUE	0-\$15,000	\$15,000-\$150,000	> \$150,000
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LIABILITY			
A			100%
B			75%
C			60%
D			40%
E			25%
F			0%

ITEM	Days	DUE
Complaint		
Summons	10	
Summons	10	
Exten time to answer		
Answer	20	
Interrogatories	60	
by Δ		
Request for Production	30	
by Δ		
by π		
Deposition		
by π		
TRIAL		

medical provider	
name:	**
address:	**
phone:	**
specialty:	**

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medical provider
name: **
address: **
phone: **
specialty: **

medical provider
name: **
address: **
phone: **
specialty: **

Witness: **
address: **
phone: **

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Interview
Date: **

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