**

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	
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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