

New Matter Memo

Mediation of _____ v./adv. _____

Court: _____ Case No.: _____

Mediation Date: _____ @ _____ : _____ am/pm

Fees are: Split between parties
 Paid in full by _____

Insurance Company (if applicable): _____

Adjuster Name: _____

Adjuster Phone: _____

Claim No.: _____

Date of Loss: _____

Counsel: (Please either complete the following or attach a caption and proof of service and email to: alicia@maureensummers.com)

Plaintiff:
Name: _____

Defense:
Name: _____

Company: _____

Company: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Facsimile: _____

Facsimile: _____

Email: _____

Email: _____