



RCBA Dispute Resolution Service, Inc.

A Nonprofit Corporation

4129 Main Street, Suite 100 | Riverside, CA 92501 | Phone (951) 682-2132 | Fax (951) 682-0106 | Email drs@riversidecountybar.com

Joint Request for Hearing and Agreement

Name of Case: _____

(If applicable)
 Civil Case Number: _____ County: _____ Trial Date: _____

Nature of proceeding requested:

- Arbitration
- Binding
- Non-Binding
- Mediation
- Other: _____

Estimated length of matter: _____ hours (*Rate is \$300 per hour – minimum four hours deposit required.*)

Type of Case:

- Bad Faith
- Bankruptcy
- Business
- Construction
- Contract
- Employment/Labor
- Environmental
- Family Law
- Insurance
- Intellectual Property
- Landlord/Tenant
- Lemon Law
- Medical Malpractice
- Personal Injury
- Wrongful Death
- Probate
- Products Liability
- Professional Malpractice
- Real Property
- Tort Law
- Other: _____

Insurance Company: _____ 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, Inc. for hearing. We have reviewed and agree to be bound by the RCBA Dispute Resolution Service, Inc. rules and procedures.

Copy this form as needed. Please have all parties to the litigation sign the form and return the fees to:

RCBA Dispute Resolution Service
4219 Main Street, Suite 100
Riverside, CA 92501

Name of Case: _____

Print Name: _____

Phone: _____ Fax: _____

Email: _____

Complete Address (include firm name): _____

Attorney for: _____ Plaintiff Defendant

Signature: _____

Print Name: _____

Phone: _____ Fax: _____

Email: _____

Complete Address (include firm name): _____

Attorney for: _____ Plaintiff Defendant

Signature: _____

Print Name: _____

Phone: _____ Fax: _____

Email: _____

Complete Address (include firm name): _____

Attorney for: _____ Plaintiff Defendant

Signature: _____