



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 Mediation Other _____
- Binding
- Non-Binding

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

Type of Case:

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

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
4129 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: _____