

# JURY VERDICTS NORTHWEST

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## Arbitration Reporting Form

COUNTY \_\_\_\_\_ CAUSE/Case # \_\_\_\_\_

PLFF(S): \_\_\_\_\_ DEF \_\_\_\_\_

PLFF ATTY, FIRM, CITY \_\_\_\_\_

DEF ATTY, FIRM, CITY \_\_\_\_\_

Insurance company \_\_\_\_\_

DATE of arbitration \_\_\_\_\_ ARBITRATOR(S) \_\_\_\_\_

DOCTORS/Experts (PLFF) SPECIALTY, CITY \_\_\_\_\_

By report? \_\_\_\_\_ Live testimony? \_\_\_\_\_

DOCTORS/Experts (Def) SPECIALTY, CITY \_\_\_\_\_

By report? \_\_\_\_\_ Live testimony? \_\_\_\_\_

DATE & FACTS OF ACCIDENT \_\_\_\_\_

INJURIES

Permanent injury? \_\_\_\_\_ If no, length of treatment \_\_\_\_\_

Medical Expenses \$ \_\_\_\_\_ Lost Wages \$ \_\_\_\_\_ Prop. Damage \$ \_\_\_\_\_ Misc. \$ \_\_\_\_\_

Demand \$ \_\_\_\_\_ Offer \$ \_\_\_\_\_

Gross AWARD \$ \_\_\_\_\_ Contrib. neg. \_\_\_\_\_ % Net \$ \_\_\_\_\_

Or DEFENSE award ? \_\_\_\_\_ Admitted liability? \_\_\_\_\_

Trial de novo requested by \_\_\_\_\_

Report submitted by \_\_\_\_\_ Telephone Number \_\_\_\_\_