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01 Your firm and contacts

The lawyer or organisation requesting our services

Law firm / organisation *

Handling lawyer

Salutation | First name * | Last name *

Telephone / ext. * | Email *

Assistant / paralegal

Salutation | First name | Last name

Telephone / ext. | Email

02 The matter

Claim type * | You act for * | Incident type

Incident date YYYY-MM-DD | Your file number | Contract number

ICBC claim number | CMPA claim number | Other reference (specify)

Parties and key dates

This information is used for our conflict check. Please avoid unnecessary sensitive details.

03 Parties

Plaintiff

First name *

Last name *

Date of birth YYYY-MM-DD

Sex

Deceased fatality claims only

First name

Last name

Date of birth YYYY-MM-DD

Sex

Defendant 1

First name

Last name / organisation

Defendant 2 list others in section 05

First name

Last name / organisation

Opposing lawyer

Salutation

First name

Last name

Law firm

04 Key dates Dates as YYYY-MM-DD

Trial date

Trial length days

Trial location

Mediation date

Report due date

05 Additional details

Other parties, details for any "Other" selection, and anything else we should know

Privacy and authorisation

Privacy policy ↗

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