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PRODUCT LIABILITY DEFENSE (NON-SUBRO) FILE REFERRAL FORM

Date: _____

CONTACT INFORMATION:

Name: _____

Referring Company: _____

Phone: _____ Fax: _____

E-Mail: _____

CLAIM INFORMATION:

Insured/Manufacturer: _____

Claim No.: _____

Date of Loss: _____ Type of Injury: _____

Loss Location: _____

Claimant: _____

Claimant's Attorney: _____

Facts of Accident:

PRODUCT INFORMATION:

Product Involved: _____

Product Brand: _____

Model No.: _____

Serial No.: _____ SKU No.: _____

Manufacture Date: _____ Manufactured Date Code: _____

Where was product manufactured? _____

Where is the product now? _____

Is the product available or has it been destroyed? _____

Do you have pictures of the product? _____

What retailer sold the product? _____

Suit Filed? No ___ Yes ___ Where Was Suit Filed? _____

Special Handling Instructions:

Note: Be sure to include with the files any pictures of the product made the subject of this lawsuit.

***Disclaimer:** Sending a file to MWL through this feature, e-mail, fax, regular mail, or by other means, doesn't guarantee our retention, as that determination will be made after MWL's evaluation of the file. Upon MWL's receipt of a new file, clients are contacted via e-mail to confirm the file has been received and that it is in the process of being evaluated for possible handling by MWL. Following said evaluation, clients receive written notification as to whether or not MWL will be willing to handle your file. If you send a file and don't hear from us within an appropriate amount of time, please contact MWL to ensure we received your file.*