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**\*\*\* Please forward completed forms to [intake@mw-law.com](mailto:intake@mw-law.com) \*\*\***

## INSURANCE CONTRIBUTION FILE REFERRAL FORM

Date:

### CONTACT INFORMATION:

Name:

Company:

Company Address:

Phone:

Fax:

E-Mail:

### CONTRIBUTION CLAIM INFORMATION:

Date of Loss:

Claim No.:

Insured:

Insured's Address:

Insured's Phone:

Facts of Loss:

Plaintiff/Claimant Name (Damaged party to whom Insured made liability payment):

Plaintiff/Claimant Address:

Plaintiff/Claimant Phone:

Full, Corporate Name of Insurance Company/Entity Making Payment (Contribution Plaintiff):

Third-Party Contribution Defendant Name (Party responsible for loss from whom contribution is sought):

Third-Party Contribution Defendant Address:

Third-Party Contribution Defendant Phone:

Identify Case Style, Court, City, and State of Underlying Tort Lawsuit:

Disposition of Litigation (Pending, Dismissed without Prejudice, Dismissed with Prejudice):

Amount and Terms of Underlying Settlement or Judgment:

Date of Underlying Settlement or Judgment:

Settlement/Payment Amount:

Settlement/Payment Date:

Terms of Release: Was Joint Tortfeasor's (Contribution Defendant's) Liability Also Released? If so, attach the Release.

Proposed Fee Arrangement:

Special Handling Instructions:

**\*\*\* Please forward completed forms to [intake@mwl-law.com](mailto:intake@mwl-law.com) \*\*\***

**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.*