

Anne Rosenbach, P.C.

**FAX SHEET**

AR FAX #: (516) 795-9584

**PLEASE CALL OUR OFFICE AFTER FAXING TO CONFIRM RECEIPT.**

Your Phone # \_\_\_\_\_

Date of FAX \_\_\_\_\_ # of Pages (including FAX Sheet) \_\_\_\_\_

**ALL CASES:** Firm Name \_\_\_\_\_ By \_\_\_\_\_

Date of Appearance \_\_\_\_\_ Time of App. \_\_\_\_\_ Index # \_\_\_\_\_

Court \_\_\_\_\_ Judge/Room/Part \_\_\_\_\_

Name of Case \_\_\_\_\_

Who We Represent:  Plaintiff  Defendant

Do you need our attorney to call your office:  Yes  No

**PC's:** Type case (Auto, Slip & Fall, Contract, etc.) \_\_\_\_\_

Any special instructions (Attach addl. sheets if necessary) \_\_\_\_\_

**PTC:** Liability (How accident happened) \_\_\_\_\_

Plaintiffs: Medicals (Injuries) \_\_\_\_\_

(Please fax B/P): Demand \$ \_\_\_\_\_ For serious settlement discussions,  
bottom figure acceptable \$ \_\_\_\_\_

Defendants: Offers, if any \$ \_\_\_\_\_ Maximum amount to offer \$ \_\_\_\_\_

**CERTIFICATION/** Ready to certify:  Yes  No

**COMPLIANCE:** If no, what outstanding D&I, and why hasn't it been done \_\_\_\_\_

**EBT's:** Type case \_\_\_\_\_

Any special instructions:  Yes\*  No

\*If "Yes," attach sheet with details. \*\*Please FAX B/P and any accident reports.

**MOTIONS:** Our motion:  Yes  No Cross motion:  Yes  No

Aff. In Opp.:  Yes  No Add'l Papers:  Yes  No

Add'l Papers:  Yes  No

Type motion: \_\_\_\_\_

If discovery motion, can we agree to Consent Order:  30  45  60 day.

Any special instructions: \_\_\_\_\_

Please FAX over motion and opposition papers without exhibits.

**ADJOURNMENTS:** Consent:  Yes  No Aff. Of Actual Engage:  Yes\*  No

# of Previous Adj. \_\_\_\_\_ \*If "Yes," please FAX Reason for Adjournment \_\_\_\_\_

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- Thank You.