



Element Analytical, PLLC

CASE FORM

Case No: _____

Case Name: _____ Case Type: _____

Date Received: _____ Received by: _____ Assigned to: _____ Report: _____

Client Data:

Name

Firm

Address 1

Address 2

City

State

Zip

Client Contact:

Direct Phone No.

Office Phone No.

Fax No.

Mobile No.

Email

Website

Insured / Client

Insured or Client 1

Insured or Client 2

Address1

Address2

Phone 1

Phone 2

Legal Case Name

Other

Case / Claim Data:

Claim No/Policy No/File No

Date and Time of Loss

Loss Location 1

Loss Location 2

Evidence Location 1

Evidence Location 2

Assignment: _____

Bill / Report To: _____
