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**Forthright Case No.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­

**Case Name:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

v.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Insurance** **Claim Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Accident Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REQUEST FOR IN-PERSON HEARING/CHANGE OF CLAIM**

**Pursuant to the No-Fault Laws of the State of New Jersey**

**(Effective August 1, 2022)**

PURSUANT to Rule 51 of the New Jersey No-Fault Arbitration Rules, the undersigned hereby submits a *Request for In-Person Hearing* due to change in the total amount claimed as defined in Rule 6.

*{The requesting party must check off that this request meets all of the requirements set forth below.* ***Failure of the requesting party to fully comply with all requirements below will result in the case continuing as an on-the-papers proceeding.*** *Pursuant to Rule F-1 or F-2, a fee of $25 is due upon filing of this request.}*

The total amount claimed (as defined in Rule 6) having increased to $1,000 or greater due to a change of claim:

[ ]  I hereby request an in-person hearing.

[ ]  The in-person hearing fee of $25 is enclosed or was paid online.

**Certification of Service**

I CERTIFY that I have served a true and complete copy of this request upon all named parties or their representatives as required by the Rules.

Requesting Party Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*{Signature of Attorney or Representative} {Date)*