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

**Case Name:**

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

v.

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

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

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

**RESPONDENT IN-PERSON PROCEEDING SELECTION FORM**

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

**(Effective August 1, 2022)**

***{This form must be received by Forthright within 100 days from initiation of the case and the Respondent must specify at least one of the grounds below or the case will continue 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.}***

PURSUANT to Rule 6 of the New Jersey No-Fault Arbitration Rules, the undersigned hereby submits a request for an In-Person proceeding based upon the following grounds: [Please check all that apply]

The issues in dispute involve:

coverage under the policy

fraud investigations by the respondent’s Special Investigations Unit (SIU)

causality of the injuries

Administrative requirements:

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)*