

**LAWSUIT FINANCIAL CORP. ATTORNEY QUESTIONNAIRE**

Date: \_\_\_\_\_ Client: \_\_\_\_\_

Attorney: \_\_\_\_\_

Type of Case: \_\_\_\_\_ D/A \_\_\_\_\_

In Suit?: Yes \_\_\_\_\_ No \_\_\_\_\_ Mediation Date: \_\_\_\_\_ Award: \_\_\_\_\_

Plaint Accept?: \_\_\_\_\_ Reject?: \_\_\_\_\_ Def Accept?: \_\_\_\_\_ Reject?: \_\_\_\_\_

Offer? (amount): \_\_\_\_\_ Demand?:(amount) \_\_\_\_\_

Case Value (Opinion): \_\_\_\_\_

Settlement Prospects: Good? \_\_\_\_\_ Fair? \_\_\_\_\_ Poor? \_\_\_\_\_

Settlement expected: within 30 days \_\_\_\_\_ 30 – 90 days \_\_\_\_\_ 90 – 120 \_\_\_\_\_ Other \_\_\_\_\_

Trial Date: \_\_\_\_\_ hard or soft: \_\_\_\_\_

Liability: \_\_\_\_\_

(Strengths/Weakness) \_\_\_\_\_

Injuries: \_\_\_\_\_

Prior Injuries?: \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Claim #: \_\_\_\_\_

Adjuster's name: \_\_\_\_\_ Policy Limits: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_ Fax # \_\_\_\_\_

Defense Atty's name: \_\_\_\_\_ Case #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_ Fax # \_\_\_\_\_

Atty Fee: \_\_\_\_\_ Litigation Costs (Amt): \_\_\_\_\_

Medical liens (Amt): \_\_\_\_\_ Other Liens (Amt): \_\_\_\_\_

Previous Lawsuit Funding: \_\_\_\_\_ Amt \_\_\_\_\_ Payback \_\_\_\_\_

Company

Additional Comments: \_\_\_\_\_

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