

# Lawsuit Financial

SERVING ATTORNEYS & PLAINTIFFS NATIONWIDE

## Attorney Questionnaire

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

Bar # \_\_\_\_\_ Attorney email address: \_\_\_\_\_

Type of Case: \_\_\_\_\_ D/A \_\_\_\_\_ In Suit?: Yes \_\_\_\_\_ No \_\_\_\_\_

Mediation/Facilitation Date scheduled: \_\_\_\_\_ Award: \_\_\_\_\_

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

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

Case Value (MUST have a ballpark opinion): \_\_\_\_\_

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

Settlement expected: under 6 mo \_\_\_\_\_ 6-12 mo \_\_\_\_\_ over 1 yr \_\_\_\_\_ Other \_\_\_\_\_

Expected Trial Date/Year: \_\_\_\_\_ hard or soft: \_\_\_\_\_ Liability: \_\_\_\_\_

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

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

Name of Manufacturer: \_\_\_\_\_ Has plaintiff had revision surgery?: Yes \_\_\_\_\_ No \_\_\_\_\_

Revision Surgery Still Needed?: Yes \_\_\_\_\_ No \_\_\_\_\_ Expected cost of surgery \_\_\_\_\_

Does plaintiff have an individual claim?: Yes \_\_\_\_\_ No \_\_\_\_\_ Is she part of a class?: Yes \_\_\_\_\_ No \_\_\_\_\_

Benefits Accrued: Medical \$ \_\_\_\_\_ Wage Loss \$ \_\_\_\_\_

Court: \_\_\_\_\_ Case #: \_\_\_\_\_

Defense Atty's name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_

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

Medical liens (Amt): \_\_\_\_\_ Child Support lien (Amt): \_\_\_\_\_ Other Liens (Amt): \_\_\_\_\_

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

Company

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

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

Mail or Fax this form to: Lawsuit Financial Corp., 7115 Orchard Lake Rd, Ste 320, West Bloomfield, MI 48322  
248 769-6000. Call 1-877-377-SUIT (7848) if you have any questions.  
Email to: [info@lawsuitfinancial.com](mailto:info@lawsuitfinancial.com)