

# Lawsuit Financial

SERVING ATTORNEYS & PLAINTIFFS NATIONWIDE

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

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

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

Mediation Date: \_\_\_\_\_ 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: within 30 days \_\_\_\_\_ 30 – 90 days \_\_\_\_\_ 90 – 120 \_\_\_\_\_ Other \_\_\_\_\_

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

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

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

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

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

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

PLAINTIFF'S Insurance Co: \_\_\_\_\_ Claim#: \_\_\_\_\_

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

PLAINTIFF'S Insurance Coverage: PIP\$ \_\_\_\_\_ UM\$ \_\_\_\_\_ UIM\$ \_\_\_\_\_

Contested PIP? \_\_\_\_\_ Yes \_\_\_\_\_ No

BENEFITS ACCRUED:

Medical \$ \_\_\_\_\_ Wage Loss\$ \_\_\_\_\_ Replacement Services\$ \_\_\_\_\_ Attend Care\$ \_\_\_\_\_

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.**