

LAWSUIT FINANCIAL WORKERS' COMP ATTORNEY QUESTIONNAIRE

Date: _____ Client: _____

Attorney: _____ D/A _____

Employer _____

Years w/Company _____ Rate of Pay _____ Hours per Week _____

Workers' Compensation Rate _____ Is Client receiving WC? Y ___ N ___ How Much? _____

Filed in Court: Yes ___ No ___ T/D Assigned _____ T/D expected _____

Offer? (amount): _____ Demand?:(amount) _____

Maximum Case Value (Opinion): _____

How is case value determined in your State? _____

Settlement Value (Opinion) _____

How is settlement value determined in your State? _____

Settlement Prospects: Good? _____ Fair? _____ Poor? _____

Settlement expected: within 30 days ___ 30 – 90 days ___ 90 – 120 ___ Other _____

Strengths/Weaknesses of Case _____

Injuries: _____

Prior Injuries?: _____

Defense Atty's name: _____ Case/Claim #: _____

Address: _____ Phone #: _____

_____ Fax # _____

Insurance Co: _____ Atty Fee: _____

Litigation Costs (Amt): _____ Medical Liens (Amt) _____ Other Liens (Amt) _____

Previous Lawsuit Funding: _____ Amt _____ Payback _____

Company _____

Additional Comments: _____

***Please use back of form for additional information with special attention to nuances of State Workers' Comp law.**

Mail or Fax this form to: Lawsuit Financial Corp., 29777 Telegraph Rd. Suite 1310, Southfield, MI 48034
248 948-1802. Call 1-877-377-SUIT (7848) if you have any questions.