



Pre-Settlement Financing That Terminates in 12 Months ... It's That Simple!***

Initial Products Liability Case

If available, please send all documentation supporting the plaintiff's claim

Client Name: _____ Client Phone Number: _____

Law Firm Name: _____ Law Firm Phone Number: _____

Best Contact Person at Law Firm: _____

Best Contact Email Address at Law Firm: _____

Date of Complaint: ___/___/_____ State of Incident: _____ Amount Requested: _____

Received Prior Loan? Yes No / If yes, name of company: _____

Liability Accepted? Yes No / What Product Was Defective? _____

Total Medicals (if avail): \$_____ Unsure

Does client have health insurance? Commercial/AHCA Medicare/Medicaid None Unsure

Pre-existing / Issues with Case? Yes No Unsure If Yes, _____

TX Performed? _____

Describe Injuries: _____

Please check If client is Treating (Tx) or Completed (Comp) treatment. If No treatment provided, please leave blank:

Specialist:	Ortho	Neurosurgeon	Neurologist	Chiro	Pain Mgmt.	PT	GP	Other
Tx:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comp:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you filed suit? Yes No Have you sent a demand? Yes No If Yes, Amount: \$_____

Has the defense made a counter offer? Yes No / If yes, for how much? \$_____

Has The Case Settled (Post Settlement Request)? Yes or No, If Yes, how much? \$_____

Do you have expert witness statements? Yes No

Are there currently lost wages? Yes No Unsure / If yes, how much? \$_____

Additional Comments:

***Some cases do not qualify.