

CASE DATA FORM

Consultant Name: _____	Case Type: _____
Consultant e-mail: _____	Date: _____
	Your File #: _____
	Loss Date: _____
	Claim #: _____

Claim Information

Facts of Accident: _____

 Injuries Sustained: _____

Case Status

Suit Filed: _____ Mediation Date: _____ Trial Date: _____
 Jurisdiction: _____
 Demands: _____ Offers: _____

Settlement/Verdict Details

Total Settlement/Verdict (or anticipated): \$ _____
 Attorney Fees & Costs: \$ _____ Liens: \$ _____
 Structured Settlement offers already received (if yes, please forward to us): _____

Claimant/Injured Party Information

Injured Party Name: _____ DOB: _____ Gender: _____
 Address: _____ Citizenship: _____
 _____ Marital Status: _____
 Phone #: _____ Social Security #: _____
 Email Address: _____ Annual Income: _____
 Dependant's Names and DOB's: _____

Structure Requirements

Income Needs:	Lump Sum Needs:
Near-Term (1-5 years) _____	Immediatel/Upfront Cash _____
Mid-Term (5-15 years) _____	Education _____
Long-Term (15 - Life) _____	Medical (Replacements): _____
Retirement _____	Personal (Cars, Trips, Gifts, Other) _____
Long Term Care _____	Life Insurance _____
Life Insurance Premiums _____	
	Cummutation or Secured Creditor: _____

Other Services Requested

Life Care Plan Analysis: _____

Qualified Settlement Fund: _____

Pre-meeting with plaintiff & attorney: _____

Special Needs Trust: _____

Asset Protection Trust: _____

Mediation Attendance: _____

Plaintiff Attorney Information

Name: _____

Phone #: _____

Address: _____

Email: _____

Attorney Fee Structure: _____

Firm: _____

Fax #: _____

Amount of Attorney Fee Structure: \$ _____

Defendant/Insurance Carrier

Defendant/Insured: _____

Liability Carrier(s)/Self Insured(s): _____

Coverage Amounts: _____

Contact Name: _____

Phone #: _____

Fax #: _____

Address: _____

Defense Attorney Information

Name: _____

Phone #: _____

Address: _____

Email: _____

Firm: _____

Fax #: _____

Defense Broker Information

Name: _____

Phone #: _____

Address: _____

Email: _____

Firm: _____

Fax #: _____

Split Agreement Signed: _____ %: _____

Other notes, client requests, information, miscellaneous:
