



**ATTORNEY QUESTIONNAIRE**  
Privileged & Confidential

To ensure proper evaluation of your client's case, we ask that your firm answer the following questions.  
**Note: This information is for case evaluation purposes only, and will not be shared with your client.**

For your convenience, this form may be completed online at: [www.lawsuitcash.com/forms](http://www.lawsuitcash.com/forms)

Plaintiff's Name \_\_\_\_\_ Date of Incident/Accident \_\_\_\_\_

Defendant(s) \_\_\_\_\_

Insurance Company \_\_\_\_\_

Defendant's Policy Limits \$ \_\_\_\_\_ Policy / Claim # \_\_\_\_\_

Plaintiff's UIM Policy Limits \$ \_\_\_\_\_ Policy / Claim # \_\_\_\_\_

Suit Filed? Yes / No If Yes, Index No. \_\_\_\_\_ Date Filed \_\_\_\_\_

Have any Demands been Made? Yes / No (Amount of Demand) \$ \_\_\_\_\_

Have any Settlement Offers been Made? Yes / No (verbal / written) \$ \_\_\_\_\_

Is Case on a Contingency Basis? Yes / No If Yes, \_\_\_\_\_% Liability Established or Admitted? Yes / No

Will Client's Settlement Check be Deposited into Your Firm's Trust Account? Yes / No

Did Client Have Any of the Following (circle all that apply): ER Care MRI CT Scan Fractures Surgery

Any Related Pre-existing Conditions or Injuries? Yes / No If Yes, Explain \_\_\_\_\_

Medical Expenses to Date: \$ \_\_\_\_\_ Loss Wages to Date \$ \_\_\_\_\_

Are Medical Bills Paid by PIP or Other Med Pay? Yes / No If Yes, Coverage Limits? \$ \_\_\_\_\_

What Is Your Estimated Value of This Case? \$ \_\_\_\_\_ (This will not be shared with your client)

Estimated Date of Settlement: 30 days 31-60 days 61-90 days 6 mos. 12 mos. 18 mos. 24 mos. 30 mos.

List All Liens to Date (including any prior fundings). If None, So State. \_\_\_\_\_

<u>Date</u>	<u>Lien</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This form completed by: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**Please fax this form along with all requested documents to: (765) 768-4133**