

LITIGATION FUNDING ATTORNEY QUESTIONNAIRE

Date: _____ Client: _____

Attorney: _____

Type of Case: _____ D/A _____

In Suit?: Yes _____ No _____ Mediation Date: _____ Award: _____

Plaint Accept?: _____ Reject?: _____ Def Accept?: _____ Reject?: _____

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

Case Value (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?: _____

Insurance Co: _____ Claim #: _____

Adjuster's name: _____ Policy Limits: _____

Address: _____ Phone #: _____

_____ Fax # _____

Defense Atty's name: _____ Case #: _____

Address: _____ Phone #: _____

_____ Fax # _____

Atty Fee: _____ Litigation Costs (Amt): _____

Medical liens (Amt): _____ Other Liens (Amt): _____

Previous Lawsuit Funding: _____ Amt _____ Payback _____

Company

Additional Comments: _____
