

**LITIGATION FUNDING 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:** Litigation Funding Corp., 29777 Telegraph Rd. Suite 1310, Southfield, MI 48034  
248 948-1802 (fax). Call 1-866-LIT-FUND if you have any questions.