

Attorney Questions

DATE _____ *ADVANCE MORE* _____ *ADVANCE AMOUNT* _____

Clients Name: _____

Date of Accident: _____

Attorney Name: _____

Attorney Phone: _____

Paralegal Name: _____

Paralegal Phone: _____

Person you Spoke With: _____

Title: _____

Case Type: MVA _____ Slip & Fall _____ Med Mal _____ Workman's Comp _____ Other _____

Police/ Incident Report? _____

Defendant(s)/Insurance?: _____

Claim Number: _____

Name of Adjuster: _____ Adjuster Phone: _____

Soft Tissue? Yes No Auto Insurance: Full Tort Limited Coverage: _____

Injuries? Extent? _____

Surgery? _____

Liability Clear? Yes No Maybe Finished Therapy? Yes No How Long? _____

Medical Bills (How Much)? _____ NLF Value: _____

Who Is Taking Care Of Meds? _____ Attorney Fees: _____

Meds Taken Out Of Proceeds? _____ Meds: _____

Any Other Protection Letters / Advances? _____ Net: _____

Any Demands? _____ NLF Total Payback: _____

Any Offers? _____ Customer Will Receive: _____

In Suit? Yes No Arb/Trial Date? _____ Time Left Until Settlement? _____

Attorney Value _____ NLF Value _____ By _____

Notes: _____

What Happened that caused accident?