

YOUR INFORMATION

Full Name _____

Address _____

City _____ **Province** _____ **Postal Code** _____

Home# _____ **Work#** _____ **Cell#** _____

Email: _____

Date of Birth _____

YOUR LAWYER'S INFORMATION

Name: _____ **Law Firm:** _____

Address _____ **City** _____ **Prov:** _____

Phone: _____ **Fax:** _____

Email Address: _____

Do you have any other pending lawsuits at this time? Yes ___ No ___

If so, provide details: _____

Have you been injured in an accident prior to this case? Yes ___ No ___

Were you working at the time of the accident? Yes ___ No ___

Are you still out of work? Yes ___ No ___

How much time did you miss from work as a result of your injury?

Days: _____ Months: _____ Years: _____

What was your annual income in the year prior to the accident: _____

Have you outstanding loans against you and/or your case? Yes ___

No ___ If so, provide details _____

ACCIDENT INFORMATION

(To be filled out by your lawyer)

Date of Accident: _____

Policy Claim # _____

Law Firm file # _____

Defendant _____

Insurance Company _____

ADVANCED LEGAL SETTLEMENTS



Details of the Case (theory/basis)

Extent of Injuries

Past Wage Loss

Future Wage Loss

Is the client receiving income from the insurance company?

Yes: ____ Monthly income = _____ NO: _____

Were alcohol or drugs involved? YES: _____ NO: _____

Has Liability been established and/or admitted: Yes ____ No: _____

If No, please explain:

Liens filed to date & Amount

Trial Date OR

Estimated Date of Settlement _____

Discovery Date: _____

Mediation Dates

Settlement offers (if any) _____

Settlement demand _____

What are your thoughts/feelings about your client/case?
