

LH Funding Corporation

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PRE SETTLEMENT FUNDING CASE REVIEW SHEET

Date:

Referred By:

Plaintiff Name:

Address:

Telephone Number:

Cell:

Date of Birth:

Height:

Weight:

Social security number:

AMOUNT OF ADVANCED REQUESTED:

Purpose of advance?

Surgery?

Pocket money?

Has another company reviewed this deal?

Did they approve the advance?

Law Firm for client:

Phone:

Fax:

E-mail:

Contact person:

Date of Accident:

Liability:

Location of Case (State):

Any threshold type issues in this state?

Is this a comparative negligence state?

Was there property damage?

How much?

Who paid for it?

Pictures?

WAS CLIENT DRINKING?

INJURIES :

Hospital?

Ambulance from scene to hospital:

Complaint of pain to what body parts in hospital?

Anything interesting done in hospital?

First date of treatment post d/a?

Was there continuous treatment?

When did treatment end?

Surgery?:

If yes, date:

Type of Surgery:

Prior Injuries:

Other Related Claims:

Does client have any other lawsuits or claims pending at this time?

MEDICAL BILLS

Approximate Total:

Who Paid?:

Is there a lien?

EMPLOYMENT HISTORY

Employed at the time of accident?

Occupation:

Time missed from work due to the accident?

Provable lost wages?

Were lost wages paid by anyone?

For how long?

STATUS OF CLAIM

Is case in suit?

Index Number:

Venue:

State

Supreme

Federal

Other:

DEFENDANT INFORMATION (Insurance information is needed whether or not in suit)

Defendant Name (1): _____

Insurance Company (1): _____

Policy Limits: _____ Demand: _____

Offer: _____

Defendant Name (2): _____

Insurance Company (2): _____

Policy Limits: _____ Demand: _____

Offer: _____

STATUS OF LITIGATION

All parties placed on notice: Yes Date: _____ No Projected Date: _____

All parties sued: Yes Date: _____ No Projected Date: _____

All parties answered: Yes Date: _____ No Projected Date: _____

Deposition of Plaintiff: Yes Date: _____ No Projected Date: _____

Deposition of Defendant: Yes Date: _____ No Projected Date: _____

IME Yes No

Note of Issue Filed: Yes Date: _____ No Projected Date: _____

Trial Date: Yes Date: _____ No Projected Date: _____

Appeal Filed: Yes Date: _____ No Projected Date: _____

Any resolved motions effecting this case?

Any outstanding motions?

When do we think case will resolve?

How long until trial?

LIENS/LOANS

Workers Compensation: Yes No If yes, Amount: _____

SSI: Yes No If yes, Amount: _____

Welfare: Yes No If yes, Amount: _____

H.M.O./Private Insurance: Yes No If yes, Amount: _____

Other: _____

Advances from other companies: Yes No If yes, Amount: _____

Is client interested in re-finance? Yes No If yes, Amount: _____

THE RANGE OF PROBABLE RECOVERY: _____

Do you have any witnesses?

statements?

Do you have any positive ime reports?

Do you have any expert witness reports?

Particular Info:

How does lawyer feel about this case?

Impediments to settlement?

Does lawyer think this advance is a safe bet for us?

Plan: