|  |  |
| --- | --- |
| Case type / today’s date  |  |
| REFFERED BY: |  |
| CLIENT NAME(S): |  |
| DOB: |  |
| SSN: |  |
| DATE OF LOSS: |  |
| SOL Date\*\*\*\*\*\* |  |
| Venue: |  |

Client Information`

|  |  |
| --- | --- |
| Home Address |  |
| Occupation / Employer |  |
| Phone Number / Email  |  |
| Auto Insurance / UM Limits  |  |
| Medpay |  |
| Lost Wages |  |
| Type/Area of Injury (Photos?) |  |
| Health Insurance Info/ ID# |  |
| Medical $pecials  |  |
| How it Occurred (Photos?) |  |
| Property Damage $everity |  |
| Resident Relatives for UM |  |

Defendant Info

|  |  |
| --- | --- |
| Name – (Note if Government) |  |
| Address/County |  |
| Phone Number |  |
| Cited? For What? Date of Dispo? |  |
| Liability Carrier / Policy No.  |  |
| Liability Limits: |  |
| Aggravating Factors |  |
| Last/Highest Offer |  |
| Suit Filed? |  |

**Treatment Information/Timeline**

|  |  |
| --- | --- |
| Provider 1 – Bills, notes, etc. |  |
| Provider 2 – “ |  |
| Provider 3 |  |
| Provider 4 |  |
| Dx/Prognosis/Current Condition |  |
| Prior Injuries / Prior Wrecks |  |

**Thoughts on the Case** (property damage, impact, objective injuries, client likeability for jury, expectations, heat, etc.)

|  |  |
| --- | --- |
| Pros |  |
| Cons |  |