

CASE INFORMATION :(for each case submitted – please submit at least two cases)

Attorney Handling Case: _____

Terms of Retainer/Fee Sharing Agreements: _____

Client Name: _____

Date of Incident: _____ Location of Incident: _____

Case Index Number _____ Venue: _____

Name of Case: _____

Description of Incident: _____

Description of Injuries: _____

Any prior and/or subsequent injuries of similar nature? Yes _____; No _____

Please provide evidence of liability, damages, and any expert reports

Insurance: Name of Defendant's Insurance Co. _____

Defendant's insurance limits \$ _____

Adjuster Name _____

Adjuster Address _____

Adjuster Phone # _____

Policy Number _____ Claim Number _____

Declaration Sheet, if yes please provide Yes _____; No _____

Notice of any disclaimers/denials Yes _____; No _____

Are there any liens or subrogation claims on the Case Yes _____; No _____

If so, please specific: Type _____ Amount \$ _____

Litigation Expenses to date: \$ _____ Date of last settlement discussion _____

Claimant's Demand \$ _____ Defendant's Offer \$ _____

Estimated Case Value \$ _____ Estimated Case Duration _____

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