



**Client Questionnaire**

No credit check is performed. This is for identification purposes only.

Client's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Client's Address: \_\_\_\_\_

Client's Home #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Work #: \_\_\_\_\_

Attorney's Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Firm Address: \_\_\_\_\_

Fax #: \_\_\_\_\_ Attorney's Fees (i.e. 33%) \_\_\_\_\_

Amount requested? \_\_\_\_\_

Date of Accident? \_\_\_\_\_

Case Type: MVA  Premises Liability  Medical Mal   
Worker's  Slip & Fall  Other: \_\_\_\_\_

Motor Vehicle: Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Estimated damage: Your vehicle: \_\_\_\_\_ Other vehicle: \_\_\_\_\_ Pictures: Yes / No

Changed Attorney's in this case? Yes / No If so, why: \_\_\_\_\_

Were you employed at the time? Yes / No

Injury covered by worker's comp? Yes / No

Are you able to work now? Yes / No

Describe Accident:  
\_\_\_\_\_  
\_\_\_\_\_

Describe Injuries Sustained:  
\_\_\_\_\_  
\_\_\_\_\_

Describe Medical Treatment:  
\_\_\_\_\_  
\_\_\_\_\_

Were you taken to the emergency room? Yes / No By Ambulance? Yes / No  
 Did you have surgery? Yes / No What type? \_\_\_\_\_  
 When? \_\_\_\_\_  
 Did you have any MRI's? Yes / No How many? 1 2 3 4 5 6  
 Are you still in treatment? Yes / No  
 Number of days in hospital? 1 2 3 4 5 6 7 8 9 +  
 Have you obtained a prior advance on this case? Yes / No  
 If so, what date: \_\_\_\_\_ Amount: \_\_\_\_\_ Company: \_\_\_\_\_  
 How did you hear about us?  
 Attorney?   
 Billboard?   
 Internet?  Yahoo  MSN  Google   
 Radio?   
 TV?   
 Other?  \_\_\_\_\_

I \_\_\_\_\_ hereby authorize the release of certain documents pertaining to my case for an advance consideration from Global Injury Funding, LLC.

I hereby authorize my attorney of record \_\_\_\_\_, in my lawsuit/claim, which occurred on \_\_\_/\_\_\_/\_\_\_, to release all necessary and requested information to:

Global Injury Funding  
 7200 Smoke Ranch Road Ste. 120  
 Las Vegas, NV 89128  
 Toll Free: (800) 980-2278  
 Phone: (702) 228-2278  
 Fax: (888) 675-7506

We at Global Injury Funding represent that we will keep this information confidential unless we must respond to a lawful court order or subpoena.

\_\_\_\_\_  
 Client Print Name

\_\_\_\_\_  
 Client Signature

\_\_\_\_\_  
 Date