

SLOAN FUNDING LLC
CASE QUESTIONNAIRE - Motor Vehicle

1. Client: _____
2. Is client's spouse making a claim? ____ Yes ____ No Spouse's name: _____
3. Client's auto insurer: _____ UM/UIM limits _____
4. Defendant #1 _____
 - a. Insurance carrier: _____ Policy limits: _____
5. Defendant #2 _____
 - a. Insurance carrier: _____ Policy limits: _____
6. Date of the accident: _____
7. Client's most severe injuries: _____
 - a. Did the injuries require surgery? ____
 - b. Did the accident aggravate a pre-existing condition or a previous injury? ____ Yes ____ No
If so, please explain: _____

8. Has the client obtained any advances or loans against the recovery? ____ Yes ____ No If so,
 - a. Amount(s) of the advance(s) or loan(s) \$ _____
 - b. Who provided the advance(s) or loan(s) _____
9. Past medical expenses \$ _____ Have they been paid? ____ Who paid them? _____
 - a. If they were paid by an insurance company, Medicare or Medicaid, has it asserted a claim or lien for subrogation or reimbursement? ____ If not, is it entitled to do so? _____
 - b. Unpaid medical expenses \$ _____ Are they a lien or potential lien on the recovery?
10. Does the client owe child support arrearages? ____ Yes ____ No If so, how much? _____
11. Damage to client's vehicle \$ _____ Did the defendant's insurer pay for the damage? ____
12. Has a lawsuit been filed? _____
13. Has the defense made a settlement offer? ____ If so, amount offered \$ _____

Please provide the following documents if they are available:

- **Police Report**
- **Medical report re initial exam and evaluation after the accident**
- **MRI, CT Scan, X-Ray Reports -- back**
- **Note from the surgeon's office stating the date and the nature of the surgery he will be having**
- **A letter from the defendant's insurance carrier acknowledging the claim**
- **Written disclosure of the defendant's liability limits (if available)**

Dated: _____

Attorney's signature _____
