

Liability Referral Intake Form

Case Caption

Court Index:

Plaintiff

First Name

Last Name

Email

Medicare Status:

Addr 1

Addr 2

City

State:

Zip Code

Plaintiff Attorney

Firm

First Name

Last Name

Email

Phone

Addr 1

Addr 2

City

State:

Zip Code

Defendant

Name

Defense Counsel

Firm

First Name

Last Name

Email

Phone

Addr 1

Addr 2

City

State:

Zip Code

Settlement Producer Firm

First Name

Last Name

Email

Phone

Addr 1

Addr 2

City

State:

Zip Code

Insurance

Carrier

Adjuster

Email

Phone



Accident Date

Settlement amount, if any?

Injury(s) Alleged

Plaintiff currently treating for?