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**ATTORNEY QUESTIONNAIRE**  
**PERSONAL INJURY - VEHICLE**  
**Privileged & Confidential**

**ATTORNEY INFORMATION**

Attorney Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Firm: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

In order for us to make our own independent evaluation we request your firm answer the questions below. In addition, please mail or fax the documents requested on Page 4.

**CLIENT INFORMATION**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
City: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ SSN: \_\_\_\_\_  
Education Level:  GED  High School  Some College  College  Other: \_\_\_\_\_  
Criminal Record:  Yes  No Explain: \_\_\_\_\_

**ACCIDENT INFORMATION**

Date of Accident: \_\_\_\_\_  
Details of Case: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Alcohol/Drugs Admissible As Evidence?  Yes  No  
Were Citations Issued?  Client  Negligent Party  
What was the Charge? \_\_\_\_\_ Outcome of Ticket? \_\_\_\_\_

**DAMAGES**

Extent of Injuries: \_\_\_\_\_  
\_\_\_\_\_

Medical: To Date: \$ \_\_\_\_\_ Future: \$ \_\_\_\_\_  
Lost Wages: To Date: \$ \_\_\_\_\_ Future: \$ \_\_\_\_\_  
Was there an IME done?  Yes  No  
MMI Reached:  Yes  No PPD?  Yes  No \_\_\_\_\_ %  
If not, when is MMI anticipated? \_\_\_\_\_  
Previous Injuries?  Yes  No Explain: \_\_\_\_\_  
Preexisting Conditions?  Yes  No Explain: \_\_\_\_\_  
Prior PPD?  Yes  No Explain: \_\_\_\_\_  
Prior Settlements:  Yes  No Explain: \_\_\_\_\_

**CASE EVALUATION**

**Please note that this will not be revealed to anyone including your client and that we understand that you are offering no proffers of guaranty or opinion as it pertains to the viability of this case.**

Is this case taken on a contingency fee basis:  Yes  No Hourly Rate: \$ \_\_\_\_\_  
What is your estimated value of this case: \$ \_\_\_\_\_  
Probability case will settle for this amount: \_\_\_\_\_ %  
Requested punitive damages (if applicable): \$ \_\_\_\_\_  
Requested compensatory damages: \$ \_\_\_\_\_  
Estimated date of settlement:  
 30 Days  12 Months  
 31 to 60 Days  24 Months  
 61 to 90 Days  Over 24 Months  
 6 Months

What is your theory of liability? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are the strengths of this case? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**LIENS FILED TO DATE**

Type of Lien/Claim	Lien Holder	Amount
Medical Liens: <input type="checkbox"/>	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
Subrogation Claims: <input type="checkbox"/>	_____	\$ _____
Child Support Liens: <input type="checkbox"/>	_____	\$ _____
Alimony Liens: <input type="checkbox"/>	_____	\$ _____
Tax Liens: <input type="checkbox"/>	_____	\$ _____
Other: <input type="checkbox"/>	_____	\$ _____

**REQUESTED DOCUMENTS**

- ER Admitting Records
- Police Report
- Witness Statements
- IME Report
- Depositions (if pertinent)
- Pleadings (if pertinent)
- Demand Letter
- Declaration Page
- Photos

**PREPARED BY**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_