

Attorney Document Request Form

We ask that you provide the following documents so that we may assess the viability of these cases:

***** ALL CASES *****

Lien Information, if any
(including prior funding)
Complaint or Petition, if any

Motor Vehicle Accident

Police Report
Relevant Medical Reports/ER records*
Insurance Limits Information
Copy of Complaint and Bill of Particulars

Labor Law

Incident/Accident Report/ Cause of Accident
Relevant Medical Reports/ER records
Insurance Limits Information

Slip and Fall / Premises Injury

Incident / Accident / Police Report
Witness Statements
Notice of Prior Defect
Relevant Medical Reports/ER Records
Insurance Limits Information

Medical Malpractice / Product Liability

Expert's Report
Medical Records relating to the malpractice
act or products case
Insurance Coverage Information

Wrongful termination

Any Lien Information (including prior funding)
EEOC Report or other Investigative Reports
Proof of lost wages
Retainer Agreement

Settled Cases

Signed and Notarized Release
Net Letter from Attorney indicating gross
settlement, net amount to client after attorney
fees, expenses and liens, and who is paying
settlement amount

Please forward the requested documents to us by fax at

* It is not necessary to send the entire medical record. Please provide doctor's narrative reports, diagnostic reports, radiology reports, and any operative reports

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