



Client Questionnaire

No credit check is performed for identification purposes only.

- 1. Date of Intake
2. Client's Name
3. Client's Address
4. Client's Telephone# Home Mobile
5. Date of Birth Social Security#
6. Employer's Name Job Title
7. Business Phone# Business Fax#
8. Attorney's Name
9. Firm Name
10. Firm Address
11. Telephone# Fax#
12. Date of Accident Motor Vehicle Accident Yes/No
13. Client employed at the time Yes/No Injury covered by Worker's Comp Yes/No
14. Client able to work at this time Yes/No
15. Describe Accident

16. Describe Injuries Sustained

17. Describe Medical Treatment

- A. MRI Yes/No D. Taken to the Emergency Room Yes/No
B. Surgery Yes/No E. Length of Hospital Stay
F. Still in Treatment Yes/No

- 18. Client's Insurance Carrier
19. Who is Paying Medical Bills
20. Current Medical Expenses Anticipated Medical Expenses
21. Client Receiving Outside Compensation (e.g. public assistance, welfare) Yes/No
22. Name of Defendant
23. Defendant's Insurance Company
24. Amount of Claim
25. Amount Advanced by Other Companies (if any)
26. Amount Requested

215 W. Bandera Road
Suite 114-408
Boerne, TX 78006
Toll Free (877) 457-7771 * Phone (830) 249-2032
Fax (310) 878-0592
www.legalfundinggroup.com



“Information Authorization”

Your client _____, authorizes release of certain documents pertaining to his/her case for an advance consideration from our firm.

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

The Legal Funding Group
215 W. Bandera Road
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Boerne, TX 78006
Toll Free (877) 457-7771
Phone (830) 249-2032
Fax (310) 878-0592

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

Signed: _____ Client

Print name: _____ Client

Date: _____

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