FORGE CONSULTING LLC

Case Intake Form

Fax to
706-856-2537

Plaintiff Attorney

CASE TYPE ☐ PI ☐ MedMal ☐ MVA ☐ WC ☐ WD ☐ Other

PLAINTIFF ATTORNEY NAME	PLAINTIFF ATTORNEY PHONE NUMBER	PLAINTIFF ATTORNEY FAX NUMBER	
PLAINTIFF ATTORNEY EMAIL	PLAINTIFF ATTORNEY FIRM NAME		
ASSISTANT/PARALEGAL NAME	ASSISTANT/PARALEGAL EMAIL		
PLAINTIFF ATTORNEY ADDRESS	CITY	STATE	ZIP CODE

Defendant & Insurer

DEFENSE ATTORNEY NAME		DEFENSE PHONE NUMBER		OKAY TO CONTACT DEFENSE? ◯ Yes ◯ No
DEFENSE ADDRESS		DEFENSE FIRM NAME		
INSURER CARRIER/ADJUSTER	INSURANCE CLAIM NUMBER	INSURANCE PHONE NUMBER		INSURANCE FAX NUMBER
INSURANCE ADDRESS	CITY	STATE	ZIP CODE	INSURANCE EMAIL

Case Details

Please fax or email case caption and case original complaint

DATE OF LOSS	STATE OF JURISDICTION	PROJECTED INJURY-RELATED EXPENSES
DESCRIPTION OF INJURY		

If applicable, please fax or email 15 –20 pages of the most recent medical records (IMEs, Discharge Summaries) and any expert report (Life Care Plan, Economist Report, Loss of earning report, MSA Allocation, etc.)

Claimant

Please fax or email a copy of each claimant's birth certificate

CLAIMANT NAME	CLAIMANT D.O.B.	CLAIMANT SEX ◯ Male ◯ Female	CLAIMANT SOCIAL SECURITY NUMBER	
CLAIMANT ADDRESS		CITY	STATE	ZIP CODE
CLAIMANT EMAIL		CLAIMANT PHONE NUMBER	ALTERNATE PHONE NUMBER	
CONTACT PERSON NAME (IF OTHER THAN CLAIMANT)		CONTACT PERSON PHONE NUMBER		

ADDITIONAL CLAIMANT NAME	ADD. CLAIMANT D.O.B.	ADD. CLAIMANT SEX ◯ Male ◯ Female	ADD. CLAIMANT SOCIAL SECURITY NUMBER
ADDITIONAL CLAIMANT NAME	ADD. CLAIMANT D.O.B.	ADD. CLAIMANT SEX ◯ Male ◯ Female	ADD. CLAIMANT SOCIAL SECURITY NUMBER

If there are more claimants than this form allows for, please attach on a separate page.

Benefits & Entitlements

RECEIVING MEDICAID ◯ Yes ◯ No ◯ Unknown	STATE	RECEIVING S.S.I. ◯ Yes ◯ No ◯ Unknown	S.S.I. MONTHLY AMOUNT	RECEIVING S.S.D.I. ◯ Yes ◯ No ◯ Unknown	S.S.D.I. MONTHLY AMOUNT
RECEIVING MEDICARE ◯ Yes ◯ No ◯ Unknown	MEDICARE PLAN ☐ Part A ☐ Part B ☐ Part D		MEDICARE ENTITLEMENT DATE	RECEIVING WORKERS' COMP BENEFITS ◯ Yes ◯ No ◯ Unknown	Please select *Yes* if claimant is receiving or has applied for workers' compensation benefits
PRIVATE HEALTH INSURANCE ◯ Yes ◯ No ◯ Unknown	OTHER (PLEASE DESCRIBE) ◯ Yes ◯ No				

Settlement Details

IMPORTANT When a structured settlement is a consideration for a case, no settlement proceeds should be accepted by plaintiffs or the plaintiffs' attorneys directly prior to deciding on amount to structure. The defendant and/or defendant's insurer must issue a premium check directly to the life insurance company to fund the structured settlement. Additionally, there will be required language for the Release, and Petition & Order (Minors Settlement), and an Assigned Document.

HAS CASE SETTLED? ◯ Yes ◯ No	ACTUAL/PROJECTED SETTLEMENT DATE	COURT DATE	ACTUAL/PROJECTED GROSS RECOVERY	ACTUAL/PROJECTED %
EXPENSES	ACTUAL/PROJECTED NET PROCEEDS	ACTUAL/PROJECTED ECONOMIC DAMAGES	ACTUAL/PROJECTED NON-ECONOMIC DAMAGES	

Services

Please indicate which services are needed for this case

☐ Structured Settlement Annuity ☐ Present Value Analysis ☐ Special Needs Trust ☐ Conservatorship

☐ Attorney Fee Structure ☐ Minors Settlement ☐ Medicare Set-Aside Allocation ☐ Other: