



**NEW GENESIS
FUNDING GROUP**
Complete and fax to:
219 - 427 - 1217

CLIENT QUESTIONNAIRE

Date of intake _____

1. Client's name _____

2. Client's address _____

4. Client's telephone _____

5. Mobile _____

6. Date of birth _____

7. Social Security # _____

8. Employer's name _____

9. Job title _____

10. Business phone _____

11. Business fax: _____

12. Attorney's name _____

13. Firm name _____

14. Firm address _____

15. Firm telephone _____

16. Fax # _____

17. Date of accident _____

18. Accident type _____

19. Client employed at the time Yes No

Injury covered by worker's comp. Yes No

20. Client able to work at this time Yes No

21. Describe accident _____

22. Describe injuries sustained

23. Describe medical treatment

A. MRI Yes No

D. Taken to the emergency room Yes No

B. Surgery Yes No

E. Length of hospital stay _____

C. Fractures Yes No

F. Still in treatment Yes No

24. Client's insurance carrier _____

25. Who is paying medical bills _____

26. Current medical expenses _____

27. Anticipated medical expenses _____

28. Client receiving outside compensation (e.g. public assistance, welfare) Yes No

29. Name of defendant _____

30. Defendant's insurance company _____

31. Property damage amount _____

32. Amount advanced by other companies (if any) Amount of claim _____

33. Prior/Subsequent accidents Yes No (If yes, explain) _____

34. Client convicted of a crime Yes No Convictions for fraud Yes No

35. Client incarcerated Yes No Client incarcerated now Yes No

36. Client declared bankruptcy Yes No Child support obligations Yes No

37. Amount requested \$ _____

Broker's signature _____

Printed name _____