

SUISSE BANCORP

1000 Jorie Boulevard, Suite 20
Oak Brook, IL 60523

Attorney Name: _____

Law Firm: _____

Attorney Phone: _____ Attorney Fax: _____

PERSONAL AND CONFIDENTIAL

FOR THIS REQUEST TO BE PROCESSED, THE INFORMATION SUBMITTED MUST BE ACCURATE AND COMPLETE.

PLEASE UNDERSTAND THAT THIS INFORMATION IS FOR OUR LOAN EVALUATION PURPOSES ONLY AND WILL NOT BE SHARED WITH THE CLIENT.

PERSONAL INFORMATION

Client's Name: _____ Client's DOB: _____ Client's SSN: _____

Client's Address: _____ Client's Phone: _____

Client's employer at time of accident: _____ Average weekly wages: _____

PLEASE NOTE THAT WE WILL NOT CONTACT EITHER DEFENDANT OR INSURANCE COMPANY.

Respondent's Name: _____ Respondent's Insurance: _____

Date of Accident/Incident: _____ Case #: _____ County Filed: _____

Describe the case: _____

Describe the Injuries: _____

Medical Treatment: _____

Are medicals being paid by Workers Compensation Insurance? Yes _____ No _____

Still Treating? Yes ___ No ___ Client received/is receiving (←circle one) TTD(WC)? No ___ Yes ___ Amount? _____

Has entire claim been accepted by Respondent's insurance? Yes _____ No _____

If not, what aspect of claim has been disputed? Please explain. _____

Has client filed prior workers compensation claims? Yes _____ No _____

If so, were they with same employer and same parts of body injured in this claim? Yes _____ No _____

Are there any child support liens? No ___ Yes ___ Amount? _____

Has there been any advanced PPD or TTD made on claim? No ___ Yes ___ Amount? _____

LOAN/SETTLEMENT INFORMATION

Amount of loan requested: _____ Loan Amount Recommended: _____

Probable settlement range: _____ Estimated settlement date: _____

Plaintiff's most recent demand: _____ Respondent's most recent offer: _____

Respondent's Attorney/Firm: _____ Any Hearing Dates set? Yes ___ No ___ Date: _____

Any loans given on claim? No ___ Yes ___ Loan Company: _____ Amount: _____

PLEASE FAX BACK TO SUISSE BANCORP AT 630-571-5255