Pressman Settlements
CORPORATION

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Initial Case Form (Please complete and fax to: (716) 568-2021)

1. Attorney:
   a. Name: ______________________ Law Firm: ______________________
   b. Address: ______________________
   c. Phone: ______________________ Fax: ______________________
   d. Email: ______________________ Referred By: ______________________

2. Plaintiff: ☐ Male ☐ Female
   a. Name: ______________________ Date of Birth: ______________________
   b. Married/Spouse: ______________________ Date of Birth: ______________________
   c. Children? If yes, how many and ages? ______________________
   ____
   d. Address: ______________________
   e. Phone: ______________________

3. Insurer: ______________________

4. Nature of the Claim? (Car Accident, Medical Malpractice, Workers Compensation, etc.)
   ____
   ____
   ____

5. Status of Case?
   ☐ Settled ☐ Going to Mediation ☐ Set for Trial/Judgement

6. Does the claimant receive any type of government benefit? (Medicare, Medicaid, Social Security, Social Security Disability) ______
   ____
   ____
   ____

7. Is a lifetime payment going to be considered? ______________________
   If yes, please fax current medical records to (716) 568-2021.

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