

## STRUCTURED SETTLEMENT ASSIGNMENT

CASE TYPE		
Auto Liability	General Liability	Homeowner's
Medical Malpractice	Product Liability	Worker's Comp
Other (please specify):		

CASE INFORMATION		
Claimant Name:		
Date of Birth:	SSN:	Gender (M/F):
Current Address:		
City:	State:	ZIP Code:
Telephone:	Injury Description:	
Date of Injury:		
Claim No:	Accident Location:	
Litigated (Y/N):	Case Jurisdiction:	
Insured/Defendant Name(s):		
Co-Defendant (if applicable):		
INSURER / SELF INSURED		
Contact Name:		
Insurer/Self-Insured Name:		
Address:		
City:	State:	ZIP Code:
Phone:	E-mail:	Fax:
DEFENSE ATTORNEY		
Attorney Name:		
Firm Name:		
Mailing Address:		
City:	State:	ZIP Code:
Phone:	E-mail:	Fax:
PLAINTIFF ATTORNEY		
Attorney Name:		
Firm Name:		
Mailing Address:		
City:	State:	ZIP Code:
Phone:	E-mail:	Fax:

CASE INFORMATION CONTINUED

Lien Information (if applicable):

Additional Lien Information:

Prior offers and amounts?

Current demands and amount?

REQUIRED DOCUMENTATION FOR RATED AGE

- ✓ Current records (within the last two years, if possible)
- ✓ Hospital admittance records
- ✓ Hospital discharge summaries
- ✓ Narrative Doctor's Reports

ADDITIONAL INSTRUCTIONS / COMMENTS

PLEASE RETURN COMPLETED FORM AND DOCUMENTATION TO:

**James E. Logan & Associates**

28175 Haggerty Road  
Novi, MI 48377  
(248) 865-3905 FAX

Email to: [info@logansettlements.com](mailto:info@logansettlements.com)

If you have any questions, please contact us at (248) 865-3900.