

Defense Checklist

Client:		Claim No.:	
Address:		Adjuster:	
		Phone:	
Insured:		Employer:	
Address:		DOB:	SS#:
		Home Phone:	Work Phone:
Date of Loss:	Time:	Location:	
Date Served:		Attorney:	
Plaintiff:		Address:	
Case No:			
Court:		Phone:	
Preliminary Opinion to Company:			

Document	Date Filed
Complaint	
Answer	
Requests for Production	
Requests for Admission	
Summary Judgement Motion	

Trial Date	Client Notified

Name of Witness	Address	Telephone	Interviewed	Subpoenaed

Medical Exam Scheduled:	Doctor:	Phone:
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Pretrial Evaluation and Opinion to Company:	
Hospital Liens:	Settlement Authorization:
Settlement Demand:	Settlement Offer:
Settlement/Judgement Amount:	Judgement Signed:
Cost Bill Filed:	Closing Letter to Company:

NOTICE OF APPEAL DUE: _____