



Structured Settlement Information Sheet

Return to: Lesti Structured Settlements, Inc. 745 Distel Drive, Suite 114, Los Altos, CA 94022

Phone: 650.903.4100 Fax: 650.903.4141 email paul@lesti.com

(If additional space is needed, please attach additional sheets)

Plaintiff Attorney

Defense Attorney

Claims Adjuster / Insurer

Name _____
Assistant _____
Firm _____
Addr. _____
Addr. _____
Tel _____ X _____ X _____ X _____
Cell _____
Fax _____
email _____

Plaintiff / Incident Information

First Name _____ Middle _____ Last _____
Address _____ City _____ State ____ Zip _____
Phone ____-____-____ Fax ____-____-____ Cell ____-____-____ email _____
Date of Birth ____-____-____ Social Security Number ____-____-____ Date of Loss ____-____-____
Incident location: City/County/State/intersection, etc. _____
Injuries suffered _____

Any current or pre-existing health issues (may be unrelated to injury) _____

Guardian ad litem/Conservator, Trust, etc.: Yes ___ No ___ If yes, attach relevant court approval and a copy of the trust if applicable.

Name of Guardian ad litem/Conservator, and or Trust: _____

Address _____ City _____ State ____ Zip _____

Phone ____-____-____ Fax ____-____-____ Cell ____-____-____ email _____

Current & Future Needs (What are the most critical financial needs? Check appropriate boxes and add additional needs as needed)

Repay debts Retaining Housing College fund Retirement Lifetime living expenses Auto Caregiver Medical

Insurance Needs: Medical Life Disability Long term care Property Umbrella policy Insurance on caregiver(s), etc.

Other financial requirements _____

Lawsuit or Claim (If lawsuit filed, send copy of complaint's first page for release information or complete claim information below)

Case type: Personal Injury Employment Maritime Worker's Comp. Medical Malpractice Disability Other

Full Caption _____

Case # _____ Date filed ____-____-____ Court _____ County of _____ State ____

Insured _____ Insurer _____ Claim # _____ Notice Date _____



Payees of cash at settlement (e.g. Plaintiff and Plaintiff's attorney law firm)

Name _____
 Tax ID or SSN Numbers _____ / _____ Amount _____

Name _____
 Tax ID or SSN Numbers _____ / _____ Amount _____

Name _____
 Tax ID or SSN Numbers _____ / _____ Amount _____

Parties to be Released: Full names of individuals and or exact names of entity(ies)

Name: _____ Authorized Signator _____
 (Defendant, Insurer Defendant, etc.) (i.e. Attorney-in-fact for Defendant, etc.)

Name: _____ Authorized Signator _____
 (Defendant, Insurer Defendant, etc.) (i.e. Attorney-in-fact for Defendant, etc.)

Allocation

Gross Settlement Amount _____
 Legal Fees _____
 Expenses _____
 Liens _____
 Other _____
 Cash at settlement _____
 Structured Settlement _____

Benefits Is plaintiff currently eligible for, applied for, or receiving the following?

Benefit Type	Eligible	Applied	Receiving
	Yes / No	Yes / No	Yes/ No
Medicaid or MediCal benefits			
SSI – Supplemental Security Income			
SSDI – Disability Income			
Workers Compensation			
Medicare benefits			
Other			

Please explain yes answers in above chart (e.g. payment amounts, entitlement date, Part A, Part B, Medicare card #, etc.)

Other information (e.g., financial planning requirements, protect needs-based benefits via a special needs or pooled trust, etc.)

Completed by _____ Date ____-____-____ Your File No. _____