



STRUCTURED SETTLEMENT ASSIGNMENT

CASE TYPE (PLEASE CHECK)		
Auto Liability	General Liability	Homeowner's
Medical Malpractice	Product Liability	Employer's Liability
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:	

Continued on Next Page...

CASE INFORMATION CONTINUED

Lien Information (if applicable):

Additional Lien Information:

Prior offer and amount?

Current demand and amount?

Has the Claimant applied for/received SSDI benefits?

REQUIRED DOCUMENTATION FOR RATED AGE

- ✓ Current records (within the last two years, if possible)

- ✓ Hospital admittance records

- ✓ Hospital discharge summaries

✓ Surgical Reports

- ✓ Narrative Doctor's Reports

ADDITIONAL INSTRUCTIONS / COMMENTS

PLEASE RETURN COMPLETED FORM AND DOCUMENTATION TO:

Logan Settlement Services, LLC

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

Email to: info@logansettlements.com

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