

STRUCTURED SETTLEMENT VALUATION FORM

ATTORNEY INFORMATION:

Attorney Name: _____ Date: ____/____/____

Firm: _____

Street: _____

City, State, Zip: _____

Telephone: (_____) Facsimile: (_____)

Email: _____

Case Name: _____

CLIENT INFORMATION:

Recipient's Name: _____

Date of Birth: ____/____/____ State of Residence: _____ Gender: M F

Life Expectancy:

Normal Reduced

Reason for Reduction:

Quadriplegia Paraplegia Brain Damage Other _____

MONTHLY PAYMENTS:

Date Payments Start: ____/____/____ Amount of Monthly Payments: \$ _____

Annual Percentage Increase:

0% 1% 2% 3% 4% 5% 6% Other _____

When do Payments Stop? Upon Death Specify Year _____

How many years are guaranteed to the Client or his/her Beneficiary? _____

Robert W. Johnson & Associates

4984 El Camino Real • Suite 210 • Los Altos, CA 94022

650/494-2413 • 800/541-7435 • FAX 650/494-2454

Website: www.rwja.com • Email: info@rwja.com

ANNUAL PAYMENTS (LUMP SUMS):**RECIPIENT'S NAME:**

Amount	Date	Amount	Date
\$ _____	_____	\$ _____	_____
\$ _____	_____	\$ _____	_____
\$ _____	_____	\$ _____	_____
\$ _____	_____	\$ _____	_____
\$ _____	_____	\$ _____	_____
\$ _____	_____	\$ _____	_____

(All lump sums are assumed to be guaranteed to the estate unless otherwise noted)

COMMENTS:

PAYMENT:

- Plaintiff Defense Evaluation needed by: ____/____/____
- Structured Settlement:** The Structured Settlement Analysis is \$100 per report. \$ _____
- or
- Counter Offer:** The Structured Settlement Counter Offer Proposal / Analysis is \$150 per report. \$ _____
- Enclosed is a check payable to **Robert W. Johnson & Associates** Total: \$

A check or credit card number must be received before a copy of the report is released.

Please charge my: MC AMEX VISA Card # _____

Name as printed on card: _____ Expires: ____/____/____

Zip code of credit card billing address: _____

Signature: _____ Date: _____

AGREEMENT:

The undersigned hereby engages Robert W. Johnson & Associates with respect to the above named case and on the terms and conditions stated above. This contract is made in Los Altos, California on the day and year written below. Should litigation be needed to collect any charges pertaining to this case, Robert W. Johnson & Associates shall be entitled to attorney's fees and all costs of collection in addition to principal and finance charges.

Retaining Attorney's Signature: _____ Date: ____/____/____

All fees and rates are subject to change without notice.

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