Revised 07/01/22

Effective 07/01/22

**SF-1 ICAF**

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| **Attorney — Client Communication Privileged, Confidential, and Exempt from Disclosure under applicable law. Contains material prepared by counsel and may include advice of counsel.** |

**INITIAL CASE ASSESSMENT FORM**

**INSTRUCTIONS:**

* The Initial Case Assessment is due sixty (**60) DAYS** from the date of acceptance of the contract or assignment to a LP/DOJ staff attorney.
* This form is to be utilized for all matters except Workers’ Compensation matters in OWC Court.
* The defense budget must be submitted in accordance with Section XII.
* If the estimates in Section XII or XIII become inaccurate, trial counsel must provide updated estimates to the Adjuster.
* Contract counsel shall submit the completed form to the Adjuster via Acuity and electronically, to the Section Chief, at the applicable email address listed below:
* LP/DOJ staff attorney shall submit the completed form along with the budget summary form (Attachment D, Form SF-4), to the Adjuster and to the appropriate Section Chief electronically, at the applicable email address below; or, to the Regional Office Chief, if LP/DOJ attorney is housed in a Regional Office. The Regional Office Chief shall transmit the form to the appropriate Section Chief electronically, at the applicable email listed below:

[CivilRightsSectionChief@ag.louisiana.gov](mailto:CivilRightsSectionChief@ag.louisiana.gov)

[GeneralLiabilitySectionChief@ag.louisiana.gov](mailto:GeneralLiabilitySectionChief@ag.louisiana.gov)

[MedicalMalpracticeSectionChief@ag.louisiana.gov](mailto:MedicalMalpracticeSectionChief@ag.louisiana.gov)

[RoadHazardSectionChief@ag.louisiana.gov](mailto:RoadHazardSectionChief@ag.louisiana.gov)

[TransportationSectionChief@ag.louisiana.gov](mailto:TransportationSectionChief@ag.louisiana.gov)

[WorkersCompSectionChief@ag.louisiana.gov](mailto:WorkersCompSectionChief@ag.louisiana.gov)

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**High Exposure Case: \_\_\_\_\_Y \_\_\_\_\_N (As defined in Part XIII of this Form)**

PLAINTIFF(S):

COURT:

versus DOCKET NO:

DEFENDANT(S): DIVISION:

JUDGE:

PARISH:

DATE SUIT FILED:

DATE SUIT SERVED:

ORM NUMBER: ADJUSTER:

TPA NUMBER (if applicable):

MRP NUMBER (if applicable):

OFFICE/SECTION:

BILLING ATTORNEY:

Telephone Number:

CONTRACT ATTORNEY:

(If different from billing attorney)

CONTRACT ATTORNEY INFORMATION:

FIRM NAME:

ADDRESS:

SUITE: TRIAL ATTORNEY:

CITY, STATE & ZIP: NAME:

P.O. BOX CITY, STATE & ZIP: BAR ROLL NO:

PHONE: DATE OF ADMISSION TO PRACTICE:

EMAIL:

STATE ENTITIES: (Department/Agency; Employee, Officer or Official [include title or position])

PLAINTIFF ATTORNEY(S):

CO-DEFENDANT(S):

CO-DEFENDANT ATTORNEY(S):

THIRD-PARTY DEFENDANT(S):

THIRD- PARTY DEFENDANT ATTORNEY(S):

DATE PREPARED:

I. FACTS (alleged/established/inferred):

A. Plaintiff’s Claims:

B. Accident Report/Investigative File:

C. Any other source of information:

II. PLAINTIFF(S) CAUSES OF ACTION AND/OR THEORIES OF RECOVERY:

III. STATUTORY DEFENSES OR CASES ON POINT

(A very brief [one (1) hour or less] review of pertinent statutes and cases is permitted to assist in development theory of defense which in turn will assist in development of plan of action)

IV. CRITICAL DATES:

A. Answer Due:

B. Other:

V. RESPONSIVE PLEADINGS:

A. Exceptions:

(List each exception separately, with brief description of basis for same)

1. If applicable has plaintiff exhausted administrative remedies, MRP, ARP etc.

B. Jury Requested (Y or N)

C. Jury Request pled in conformity with CCP 893 and CCP 1731 (Y or N):

D. Signed order obtained for jury bond exemption or suspension in conformity with R.S. 13:4521, R.S. 13:4581 and R.S. 13:5112

(Y or N):

E. Affirmative Defenses pled:

F. Comparative Fault pled:

G. Claim for Contribution or Indemnity:

VI. INITIAL EVALUATION OF LIABILITY (all parties):

(Describe each party’s exposure in separate paragraph)

VII. DAMAGES (alleged/established/inferred):

(List each element of damage claimed in the Petition, whether it is allowable under law, and whether there is evidence to support it)

Medicare Lien $

La. Office of Group

Benefits Lien $

Medicaid Lien $

Other Lien $

VIII. INITIAL MOTIONS:

(List each Motion separately, with brief description of same)

IX. PLAN OF ACTION: INVESTIGATION AND DISCOVERY

(List each task anticipated, needed and/or required to develop defense of case; and where applicable, designate whether task has been accomplished):

A. By Adjuster:

B. By Agency/individual defendant:

(List contact information where available)

C. By Trial Counsel:

1. Interviews/Documents from Client/Witness/Investigating Agent:

2. Written Discovery:

1. Depositions:

a. Plaintiffs:

b. Client:

c. Co-Defendants:

d. Fact/Eye Witnesses:

e. Agency Policy/Procedure Witnesses:

f. Treating health care providers:

g. Non-medical Experts:

4. Inspections:

5. Analysis of client/agency documents for privilege

6. Document Production to plaintiff/co-defendants:

X. EXPERTS

A. Identify by specialty the type of non-medical expert(s) needed to defend case; and, advise whether in-house versus private expert(s) are appropriate

B. IME, identify specialty:

XI. ASSISTANCE NEEDED FROM ADJUSTER:

(Identify resources that will assist in preparation of defense of case)

XII. INITIAL DEFENSE BUDGET:

1. CONTRACT ATTORNEYS MUST SUBMIT A BUDGET UTILIZING THE CONTRACT ATTORNEY BUDGET FORM (ATTACHMENT D, FORM SF-10).
2. LP/DOJ STAFF ATTORNEYS MUST SUBMIT A BUDGET UTILIZING THE BUDGET SUMMARY FORM (ATTACHMENT D, FORM SF-4).

XIII. Maximum Judgment Value $

(***Note:*** When evaluating this claim, you will need to determine whether this is a **High Exposure** **case**. A high exposure case is defined as a case where the plaintiff(s) potential recovery is in excess of one million ($1,000,000.00) dollars, **inclusive of** interest, costs, attorney’s fees and consideration of comparative fault.

Six Month Case Assessment Due: \_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature