

Legal Loans

Pre-Settlement Funding

Pre-Settlement Application

Requested Amount: \$ _____

CLIENT INFORMATION:

Name: _____ Phone Number: _____

Address: _____ Use of Funds: _____

Social Security Number: _____ Date of Birth: _____

Military or Dependent (Yes/No) _____ Prior Accident: (Yes/No) _____

CASE INFORMATION:

ANY PENDING OR CURRENT LOANS OR LIENS/Company Name: _____ Amount: _____

Date of Accident: _____ Date Firm was retained: _____ Number of Claimants: _____

Case Transferred from another firm (Yes/No): _____ Type of Accident: _____

First Treatment Date: _____ Description of Injuries and Treatments (Soft Tissues – Fracture –

Multiple Serious – Surgery): _____ City: _____

Defendant #1: _____ Insurance Company: _____

Policy #: _____ Insurance Contact: _____

Policy Limit :(\$) _____ UIM: (\$) _____ Insurance: _____ Policy # _____

Is Liability Established or Disputed: _____ Police Report: Yes, Attach Property Damage: \$ _____

Med Amounts To-date/Projected (\$) _____ /(\$) _____ Demand Status: _____

Case Status and Dates: Litigation/Arbitration or Mediation: _____

Any settlement offers to date: _____ Amount: _____ **Estimated Case Value:** _____

Court Case No: _____ State Filed: _____

Case Manager: _____ E-mail: _____ Telephone: _____

ATTORNEY INFORMATION: Name: _____ Firm Name: _____

Address: _____ Telephone: _____