



Client Application

Page 1 of 2

Tell us about your claim

Plaintiff's Name:

Phone:

Cell Phone:

Tell us about your attorney.

Attorney's Name:

Attorney's Firm:

Attorney's Phone:

Fax:

Financial

Have you ever been Bankrupt?

Have you accepted any other pre-settlement funding for this case? If so please describe the amount funded.



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Page 2 of 2

Tell us about your case.

What type of case was it? (Traffic accident, Medical Malpractice, FELA, Slip and Fall, Mass tort, Class action, Breach of Contracts)

Date of the Accident

Pre-Settlement Funding Request

Describe What Happened

Did you go to the hospital in an ambulance?

Describe your injury

Where you admitted to the hospital?

Did you require Surgery?
