

Lawsuit Advance Quote Request Form

First name _____ Last name _____

Address _____ Apt /Unit # _____

City _____ State _____ Zip _____

Phone number _____ Cell phone _____ Fax _____

E-Mail address _____

How much lump sum cash do you need now? \$ _____

Your Date of Birth _____ Your S.S. Number _____

Your Attorney's Name _____

Address _____ City _____ State _____

Attorney's Phone _____ Attorney's Fax _____

Were alcohol or drugs involved in this case Yes No

Do you have a criminal record? Yes No Do you pay child support? Yes No

Theory or Basis of Case Auto Accident Malpractice Discrimination
 Product Negligence Commercial Other

Case Details _____

Extent of You Injuries _____

Why Advance is Requested _____

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Expenses incurred to date _____

Has a Settlement been offered? Yes No Amount _____

Have you received any advances to date? Yes No Amount _____

Have you had surgery regarding this claim? Yes No

Is there a police accident report? Yes No

Do you have pre-existing medical conditions? Yes No

If yes, explain _____

Have you had any previous worker's comp. claims Yes No

If employed, have you returned to work? Yes No If so, when? _____

The following must accompany this profile to consider your funding request

- Police or Accident Report
- Hospital or Emergency Room Report
- MRI / X-Rays / Medical narratives regarding extent of your injuries

Comments

Complete the form and return via fax to our offices. You will receive a call from one of our underwriters within 24 hours of submission.