



PRE-SETTLEMENT FUNDING APPLICATION

Plaintiff's Name _____ D.O.B. _____ Occupation _____
Address _____ City _____ State _____ Zip _____
SS# _____ Phone #1 _____ Phone #2 _____ Email _____

ATTORNEY INFORMATION

Attorney Name _____ Firm Name _____
Address _____ City _____ State _____ Zip _____
Secretary/Paralegal _____ Phone _____ Fax _____

CASE INFORMATION

Date of Incident _____ Defendant _____

Case Status (circle one): Pending Demand Presented Complaint Filed Current Offer
Judgment Received Judgment Pending Appeal Settled Pending Payment

Type of Incident (circle one): Auto Accident Slip & Fall Product Liability Commercial
Premises Injury Seaman's Claim (Jones Act) Med Malpractice Wrongful Death
Other (explain): _____

Briefly Describe the Incident: _____

Briefly Describe the Injuries: _____

Amount of Damages Seeking \$ _____ Advance Needed (\$1,000 min.) \$ _____

Have You Received a Previous Advance on this Case? _____ If Yes, How Much? _____

If Yes, From What Company? _____ Who referred you to us? _____

I hereby authorize the designated representatives or any of their successors, assigns, designees, agents or administrators to disclose, make available and furnish to Lawsuit Cash, ISAOA ("LC") any and all information pertaining to the settlement of my case as set forth. I specifically direct that the attorney representing me in my case or any of their successors, assigns, designees, agents or administrators cooperate with LC regarding disclosure of information related to the settlement of my case. Please provide copies via fax or otherwise of any and all documents requested by LC. I also request that my attorney share his candid opinion of my case with LC.

Applicant's Signature _____ Date _____

FAX BACK TO: (765) 768-4133