

# Preferred Liens

Pre-Settlement Funding

## INFORMATION SHEET

Date: \_\_\_\_\_

Requested Amount: \_\_\_\_\_

### PERSONAL INFORMATION:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Client Address: \_\_\_\_\_ Use of Funds: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### CASE INFORMATION

Date of Accident: \_\_\_\_\_ Type of Accident (circle): MVA SLIP N FALL OTHER: \_\_\_\_\_

Accident Details: \_\_\_\_\_

Description of Injuries (circle): Soft Tissues – Fracture – Multiple Serious – Surgery Details: \_\_\_\_\_

Defendant #1: \_\_\_\_\_ Insurance Info: \_\_\_\_\_ Policy Limit: \_\_\_\_\_ UIM Y/N \$ \_\_\_\_\_

Has Liability been established (circle) Yes/ No if not why? \_\_\_\_\_

Number of claimants: \_\_\_\_\_ Court Case No: \_\_\_\_\_ State Case Filed: \_\_\_\_\_

Any settlement offers to date? \_\_\_\_\_ Amount? \_\_\_\_\_ **Estimated Case Value?** \_\_\_\_\_

Has the matter gone to arbitration or trial? \_\_\_\_\_ Outcome? \_\_\_\_\_

Any other pending case liens/loans? Y / N if yes Amount? \_\_\_\_\_ With Whom? \_\_\_\_\_

I/WE the undersigned, hereby verify that the foregoing information is true and accurate, and acknowledge and understand that the information provided will be relied upon in consideration of our application and request.

Signature: \_\_\_\_\_ Completed By: \_\_\_\_\_

ATTORNEY INFORMATION: Attorney's Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

**Once this application is completed please return this form and a copy of the police report to Fax: 702-441-8956**