



PERSONAL INJURY APPLICATION

CLIENT CONTACT INFORMATION

Name:	Employer:
Home Address:	Work Address:
City:	City:
State: Zip:	State: Zip:
Home Phone:	Work Phone:
Home Fax:	Work Fax:
Mobile Phone:	Email:

CLIENT HISTORY

Date Of Birth:	Social Security No.:
Marital Status: S M D W	Name of Spouse:
Children: Yes No	Age of Children:
Alimony: Yes No	Monthly Alimony: \$
Child Support: Yes No	Monthly Child Support: \$
Current Bankruptcy: Yes No	When Filed:
Previous Bankruptcy: Yes No	When Filed:
Criminal Record: Yes No	Explain:

FUNDING INFORMATION

Amount Requested:	
TO BE USED FOR:	
Personal Debts: Yes No	Amount:
Case Costs: Yes No	Amount:
Attorney's Fees: Yes No	Amount:
Other: Yes No	Amount:

ATTORNEY INFORMATION

Name:	Law Firm:
Address:	Phone:
City:	Fax:
State: Zip:	Email:
Fees: Contingent Hourly	Percentage/Rate:
Recovery to be Deposited in Trust Acct.	Yes No

CONFIDENTIALITY NOTICE

All information provided herein is for underwriting purposes only. All information shall be held in strictest confidence and shall not be disclosed to any third party unless so instructed by client, counsel or court order.



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LAWSUIT INFORMATION

Case Name:	Date Filed:
Docket No.:	Trial Judge:
Court:	County:
Court Address:	State: Zip:

DEFENDANT INFORMATION

Defendant:	Attorney:
Address:	Address:
City:	City:
State: Zip:	State: Zip:
Phone:	Phone:
Fax:	Fax:

INSURANCE INFORMATION

Plaintiff's Insurer:	Defendant's Insurer:
Type of Coverage:	Type of Coverage:
Policy No.:	Policy No.:
Claim No.:	Claim No.:
Policy Limits:	Policy Limits:
Payments to Date:	Payments to Date:
Claims Rep.:	Claims Rep.:
Address:	Address:
State: Zip:	State: Zip:
Phone:	Phone:
Fax:	Fax:

WORKER'S COMP INFORMATION (if applicable)

Employer:	Insurance Co.:
Weekly Benefit:	No. of Weeks:
Amount Paid to Date:	Weeks Remaining:
Previous WC Claims: Yes No	Explain:
Client Returned to Work: Yes No	If No, Expected Date:

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TYPE OF CASE
(check all that apply)

Auto Accident:	Premises Liability:
Workers Comp.:	Product Liability:
Medical Malpractice:	Legal Malpractice:
Jones Act (Maritime):	Other:

CASE DETAILS
(briefly describe the facts of the case)

ACCIDENT INFORMATION

Date of Accident/Injury:	Time of Accident/Injury:
Has Liability Been Admitted? Yes No	Is Liability Established: Yes No
Defendant Cited/Ticketed: Yes No	Plaintiff Cited/Ticketed: Yes No
Defendant DWI/OUI: Yes No	Plaintiff DWI/OUI: Yes No

INJURY INFORMATION
(briefly describe the nature and extent of injuries)

MEDICAL INFORMATION

Name of PCP:	Emergency Room Treatment: Yes No
Medical Treatment: Yes No	Chiropractic Treatment: Yes No
Date of First Treatment:	Date of First Treatment:
Date of Last Treatment:	Date of Last Treatment:
Has Client Reached MMI: Yes No	If No, Expected Date:
Total Medical Costs to Date:	Future Medical Costs (est.):
Preexisting Conditions: Yes No	If Yes, Explain:
Previous Injuries: Yes No	If Yes, Explain:

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DAMAGES

Current Medical Expenses: \$	Future Medical Expenses: \$
Current Case Expenses: \$	Future Case Expenses: \$
Current Lost Income: \$	Future Lost Income: \$
Requested Compensatory: \$	Requested Punitives: \$
Estimated Settlement Value: \$	Estimated Trial Value: \$

LIENS, ASSIGNMENTS, AND OTHER ENCUMBRANCES

Medical Liens: Yes No	Amount: \$
Subrogation Claims: Yes No	Amount: \$
Child Support Liens: Yes No	Amount: \$
Alimony Liens: Yes No	Amount: \$
Tax Liens: Yes No	Amount: \$
Prior Loans/Advances: Yes No	Amount: \$
Prior Assignments: Yes No	Amount: \$
Other (Please Specify):	Amount: \$

SETTLEMENT INFORMATION

Highest Settlement Offer: \$	Date of Offer:
Lowest Settlement Demand: \$	Date of Demand:
Mediation: Yes No	Date of Mediation:
Arbitration: Yes No	Date of Arbitration:
Est. Settlement Date: yrs months	Anticipated Trial Date:

COMMENTS

(please provide any additional, material information regarding liability, damages and/or collectability)

PREPARED BY:

Print Name

Date

Signature

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CREDIT INFORMATION RELEASE

To Whom It May Concern:

As part of our underwriting process, we may obtain a consumer credit report and/or other financial and credit information.

As LawFunds is not a lender, this information is not obtained to approve credit, but to learn of any claims or liens that have been asserted against the recovery from your lawsuit.

Upon written request, LawFunds will tell you whether or not we have obtained a credit report, and, if so, the name and address of the consumer reporting agency that provided it.

LawFunds, LLC has been contacted by me/us with regard to a financial transaction. You are hereby authorized to release any information about me/us required by LawFunds, LLC to complete its due diligence investigation with regard to the transaction. Such information may include, but is not limited to, financial and credit information, consumer credit reports, and any information concerning liens and judgments against me/us.

A copy of this authorization bearing the signature of the undersigned may be deemed to be the equivalent of the original.

Thank you.

FOR INDIVIDUALS

Print Name

Date

Signature

Social Security Number

Telephone Number

Date of Birth

Address: _____

City: _____, State: _____ Zip Code _____

FOR ENTITIES

Entity Name

Entity Type

By (Print Name)

Tax Identification Number

Signature

Date

Address: _____

City: _____, State: _____ Zip Code: _____



RECORDS & INFORMATION RELEASE

Dear Attorney _____:

As part of our underwriting process, we must obtain certain information regarding your claim or lawsuit from your attorney.

Please sign this Release where indicating, authorizing your attorney to share information your claim or lawsuit with us.

I/We, the undersigned, hereby request and authorize your firm to cooperate and release to LawFunds, LLC, any and all information and documents pertaining to my/our current claim or lawsuit, including information that may otherwise be deemed privileged pursuant to the attorney-client and/or work product privileges. I additionally request and instruct you to share your candid opinion(s) regarding my/our claim or lawsuit with LawFunds, LLC, its representatives and agents.

I/We acknowledge and represent that I/we understand that such disclosure to LawFunds, LLC may result in a waiver of the attorney-client and/or work-product privileges, subjecting any disclosed information or documents to the possibility of compelled product by my/our adversaries in the claim or lawsuit. I/We accept this risk of disclosure.

A copy of this release bearing the signature of the undersigned may be deemed to be the equivalent of the original.

Thank you.

FOR INDIVIDUALS

Print Name

Date

Signature

Social Security Number

FOR ENTITIES

Entity Name

Tax Identification Number

By (Print Name)

Date

Signature