



**APPLICATION FOR NEW FUNDS**

AMOUNT REQUESTED: \_\_\_\_\_

DATE: \_\_\_\_\_

PHONE: \_\_\_\_\_

FROM: \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_

CLIENT ADDRESS: \_\_\_\_\_

PREVIOUS CASH ADVANCES: YES/NO HOW MUCH? \_\_\_\_\_

PRIOR FUNDING COMPANY: \_\_\_\_\_

TYPE OF CASE: \_\_\_\_\_

DEFENDANT INS CO: \_\_\_\_\_ COVERAGE LIMITS: \_\_\_\_\_

PLEASE PROVIDE BELOW LISTED DOCUMENTS WHERE APPLICABLE:

1. Police Accident Report
2. Incident Report
3. Ambulance Call Report
4. Witness Statements
5. ER Records
6. Employer Incident Report (C-2, C-3)
7. Surgery Report(s)
8. MRI/X-ray Reports
9. Medical Records
10. Summons & Complaint
11. Bill of Particulars
12. Deposition Transcripts
13. Notice of Defective Condition
14. Notice of Claim Against Public Entity
15. Other - \_\_\_\_\_