



THE W.A.D.GROUP LLC

Fast Cash Against Your Lawsuit

APPLICATION FOR PRE-SETTLEMENT FUNDING

CLIENT INFORMATION:

Full Name:

Address:

Home Telephone: _____ Cell: _____

Social Security No.: _____ Date of Birth: _____

Date of Accident: _____ Type of Accident: _____

Loss of Work? _____ If YES, how long? _____ Returned? _____

Other Funding Advances? _____ If YES, List: _____

Amount being requested now:

\$ _____

Prior Accident? _____ If YES, when? _____ Type? _____

ATTORNEY INFORMATION:

Firm Name:

Attorney's Name: _____ Paralegal Name: _____

Firm's Address:

Telephone No.: _____ Fax No.: _____ E-Mail: _____

1250 Waters Place Suite 706 Bronx, NY 10461

Toll Free (800)519-2061 Office (347)281-4577 Fax (347)281-4578

www.moneynyc.com / www.48hourlawsuitcash.com / www.lawsuitnyc.com



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ACCIDENT INFORMATION:

Brief Accident Description:

Extent of Injuries sustained:

Describe Treatment/Surgeries:

INSURANCE INFORMATION:

Defendant's Insurance Info:

Carrier: _____

Claim#: _____

Adjuster name and contact
info: _____

Policy

Limits: _____

Please complete and send back with the following available documents:

1. Summons and Complaint
2. Answers
3. Bill of Particulars/Interrogatories
4. MRI's and ER/medical/surgery reports
5. Incident/police reports
6. Offer letters
7. Court Orders granting summary judgment
8. Verdict Sheets
9. Proof of lost wages (disability letters, government determinations of disability, etc)
10. Copy of client retainer agreement
11. Copy of government-issued photo ID

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