

THE SETTLEMENT FUNDERS

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Toll Free: 1-800-413-7088

www.thesettlementfunders.com

Se habla español!

APPLICATION

PERSONAL INFORMATION:

Name: _____

Address: _____

Date of Birth: _____ Social Security Number: _____

Home Phone No.: _____ Work Phone No.: _____

Cell Phone No.: _____

Are you in the military? _____

CASE INFORMATION:

Law Firm: _____

Address: _____

Phone No.: _____ Fax No.: _____

Attorney Handling the Case: _____ Attorney File No.: _____

Attorney's Email: _____

How many accident lawsuits do you have pending at this time? _____

Date of Accident/Incident: _____

Description of Accident: _____

Description of Injuries: _____

Adverse Insurance Name: _____

Claim No.: _____ Policy Limits: _____

Copy of Police Report: _____

Did you lose time from work as a result of your injuries? _____. If yes, how much? _____

Have you received any money against your lawsuit? _____. If yes, how much? _____

Amount requested for this advance? _____

Referred by: _____

Once you have completed this application, please return via email to info@thesettlementfunders.com