

## Application for Plaintiff Funding

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mail to:info@plitfunding.com office: 631-686-3863 Fax to: 631-830-0147 Advance Requested: \$ LAW FIRM CONTACT INFORMATION Law Firm: Attorney: Paralegal: Telephone #: Email: **PLAINTIFF DETAILS First Name:** Last Name: Address: State: Zip Code: City: E-Mail: **Contact Number:** SSN #: Gender: Date of Birth: **ACCIDENT/INCIDENT DETAILS** □ MVA ☐ Slip/Fall ☐ Premises Liability Labor Law 
Other DOA: **INSURANCE CONFIRMATION Insurance Company Name** Coverage Defendant(s) Name \$ PRIOR LAWSUIT CASH ADVANCE ☐ No If Yes, Amount: \$ **Prior Lawsuit Cash Advance?** ☐ Yes **Legal Funding Company: BRIEF DESCRIPTION & DETAILS OF ACCIDENT** 

## Please include these Supporting Documents for:

Motor Vehicle Accident AND all case types below	
	Police report
	Medical Records relating injury (MRI, Operative Report)
	Insurance Carrier and Coverage Amounts
	Copy of Complaint/Bill of Particulars∰ •¸ ^¦•ÐÓWÜÜÒÞVÆÖÒÞÙ
	SEE CASE TYPES BELOW FOR ADDITIONAL INFORMATION
Premises Liability	
	Incident/Eyewitness/Police report
H	Medical Records relating injury to the premises liability accident (MRI, Operative Report)
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닏	Incident/Eyewitness/Cause of accident report
Ш	Medical Records relating injury to labor law accident (MRI, Operative Report)
Wrongful Death (Malpractice)	
	Death Certificate
	List of Heirs & Relationship to Decedent
	Estate Planning docs
	Expert report/testimony
	Medical records relating to malpractice committed (MRI, Operative Report)
	Copy of Complaint/Bill of Particulars (if available)
Wrongful Death (Accident)	
	Death Certificate
Ħ	List of Heirs and Relationship to Decedent
Ħ	Estate Planning docs
	Expert report/testimony
	Medical records relating to the wrongful death (MRI, Operative Report)
	Copy of Complaint/Bill of Particulars (if available)
Assault	
	Incident Report
Ħ	Medical Records relating injury to the assault (MRI, Operative Report)
Ħ	Insurance Carrier and Coverage Amounts
Ħ	Copy of Complaint/Bill of Particulars