

Application for Plaintiff Funding

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[Complete, click submit, email will open, attached docs, send](#)

Advance Requested: \$

LAW FIRM CONTACT INFORMATION

Law Firm:

Attorney:

Paralegal:

Telephone #:

Email:

PLAINTIFF DETAILS

First :

Last :

Address:

City:

State

Zip:

Contact #:

DOB:

SS #:

ACCIDENT/INCIDENT DETAILS

☐ MVA ☐ Slip/Fall ☐ Premises Liability ☐ Labor Law ☐ Other:

DOA:

MVA threshold met?

INSURANCE CONFIRMATION

Defendant(s) Name

Insurance Company Name

Coverage

PRIOR LAWSUIT CASH ADVANCE

Prior Lawsuit Cash Advance?

☐

Yes

☐

No

If Yes, Amount: \$

Legal Funding Company:

BRIEF DESCRIPTION OF ACCIDENT & LIST ALL OPEN LIENS and BALANCES

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
- ☐ **SEE CASE TYPES BELOW FOR ADDITIONAL INFORMATION**

Premises Liability

- ☐ Incident/Eyewitness/Police report
- ☐ Medical Records relating injury to the premises liability accident (MRI, Operative Report)

Labor Law

- ☐ Incident/Eyewitness/Cause of accident report
- ☐ 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
- ☐ List of Heirs and Relationship to Decedent
- ☐ 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
- ☐ Medical Records relating injury to the assault (MRI, Operative Report)
- ☐ Insurance Carrier and Coverage Amounts
- ☐ Copy of Complaint/Bill of Particulars