

REFERRED BY: _____

LITIGATION FUNDING CORP
NEW FUNDING INTAKE FORM

DATE: _____ FUNDING REQUEST: _____

CLIENT NAME: _____ D.O.B _____

CLIENT ADDRESS: _____ SS# _____

CITY & STATE: _____ Dr. Lic. # _____

PHONE: _____ WORK/CELL: _____

ATTORNEY: _____

ADDRESS: _____

CITY & STATE: _____

PHONE #: _____ Fax # _____

TYPE OF CASE: _____

DAMAGES: _____

CASE STATUS:

LAWSUIT? YES ___ NO ___

MEDIATION? YES ___ NO ___

OFFER? YES ___ NO ___

DEMAND? YES ___ NO ___

TRIAL DATE? YES ___ NO ___

APPEAL? YES ___ NO ___

DATE OF ACCIDENT: _____

PREVIOUS
FUNDINGS: _____ AMOUNT \$ _____ PAYBACK \$ _____
COMPANY