



CREATIVE ALTERNATIVE FINANCING

APPLICATION FOR NEW FUNDS

AMOUNT REQUESTED: _____

DATE: _____ PHONE: _____

FROM: _____

CLIENT NAME: _____

CLIENT ADDRESS: _____

PREVIOUS CASH ADVANCES: YES/NO HOW MUCH? _____

PRIOR FUNDING COMPANY: _____

TYPE OF CASE: _____

DEFENDANT INS CO: _____ COVERAGE LIMITS: _____

PLEASE PROVIDE BELOW LISTED DOCUMENTS WHERE APPLICABLE:

1. Police Accident Report
2. Incident Report
3. Ambulance Call Report
4. Witness Statements
5. ER Records
6. Employer Incident Report (C-2, C-3)
7. Surgery Report(s)
8. MRI/X-ray Reports
9. Medical Records
10. Summons & Complaint
11. Bill of Particulars
12. Deposition Transcripts
13. Notice of Defective Condition
14. Notice of Claim Against Public Entity
15. Other - _____