

REFERRED BY: \_\_\_\_\_  
\_\_\_\_\_

**LAWSUIT FINANCIAL**  
**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