



Lawsuit Financial Corp. Annuity / Structured Settlement Form

Date: _____ Name: _____

Address: _____

Social Security #: _____ Date of Birth: _____

City, State & Zip: _____

Phone: _____ Marital Status: Married Divorced Single

Driver's License Number & State: _____

Attorney's Name (if applicable): _____

Is payment a disability pension? Yes No

If so, does disabled pensioner have a second source of income? Yes No

Is client providing life insurance? Yes No If so, amount of coverage \$ _____

Have you ever filed bankruptcy? Yes No

Are you currently paying child support or alimony? Yes No

Do you have any tax liens filed against you? Yes No

Payment Information

Annuity Payor: _____

Gross Payment Amount: _____

Tax deductions: Federal \$ _____ State \$: _____

Other deductions from gross:

Description: _____ Amount: \$ _____

Frequency of payments (number of months or years): _____

Date of next anticipated payment: _____

Is the settlement a worker's compensation award? Yes No

Does the settlement involve child support payments? Yes No

Client's Need

Client's motivation? _____

How much cash does the client need or want? \$ _____

Either mail or fax this form to:

**Lawsuit Financial Corp.
29777 Telegraph Road, Suite 1310
Southfield, MI, 48034
248-948-1802 (fax)**

Please call 1-877-377-SUIT (7848) or email specialist@lawsuitfinancial.com if you have any questions. One of our Financial Representatives will be in contact with you once you have submitted this form.

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