



**ATTORNEY ADVANCE APPLICATION:**

Law Firm: \_\_\_\_\_

Office Address: \_\_\_\_\_  
(City) (State) (Zip Code)

Office Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Business Structure (i.e. corporation, partnership, etc...): \_\_\_\_\_

TAX ID: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

Year Established: \_\_\_\_\_ Number of Partners: \_\_\_\_\_

Are all Partners/Members of the firm in good standing? Yes \_\_\_\_\_; No \_\_\_\_\_

If not, explain: \_\_\_\_\_

Attorney Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(City) (State) (Zip Code)

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

Driver's License: State: \_\_\_\_\_ Number: \_\_\_\_\_

Attorney License: State: \_\_\_\_\_ Number: \_\_\_\_\_

Admitted to Practice: Year: \_\_\_\_\_ States: \_\_\_\_\_

Have you or the firm ever filed Bankruptcy? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, Date of Bankruptcy filing \_\_\_\_\_ Date of Bankruptcy discharge \_\_\_\_\_

Does the firm have any outstanding debt/lines of credit? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, has a UCC been filed? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, please specific: Source \_\_\_\_\_ Amount \$ \_\_\_\_\_

Does the firm have any outstanding cash advances? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, please specific: Source \_\_\_\_\_ Amount \$ \_\_\_\_\_

Any pending claims / existing judgments against the firm? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, please specific: \_\_\_\_\_

Does the firm maintain malpractice insurance? Yes \_\_\_\_\_; No \_\_\_\_\_

Insurance Co. \_\_\_\_\_

Insurance limits \$ \_\_\_\_\_ Policy Number \_\_\_\_\_



**ATTORNEY CONSENT FORM:**

I hereby authorize and consent to have Attorney Financial Services, and/or its agents, representatives, employees, perform any and all necessary searches to investigate and evaluate this application for an Attorney Advance, including, but not limited to, background checks, credit checks, and any type of search relating to my financial status or that of my firm. I further acknowledge that Attorney Financial Services will use this information to process this application and will materially rely on all of the information contained in this application to determine advance eligibility. I further represent that, on behalf of the law firm and myself, I am authorized to consent to this investigation and enter into an Attorney Advance Agreement with Attorney Financial Services.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Name:

Title:



**CASE INFORMATION: (for each case submitted)**

Attorney Handling Case: \_\_\_\_\_

Terms of Retainer/Fee Sharing Agreements: \_\_\_\_\_

Client Name: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Location of Incident: \_\_\_\_\_

Case Index Number \_\_\_\_\_ Venue: \_\_\_\_\_

Name of Case: \_\_\_\_\_

\_\_\_\_\_

Description of Incident: \_\_\_\_\_

\_\_\_\_\_

Description of Injuries: \_\_\_\_\_

\_\_\_\_\_

Any prior and/or subsequent injuries of similar nature? Yes \_\_\_\_\_; No \_\_\_\_\_

Please provide evidence of liability, damages, and any expert reports

Insurance: Name of Defendant's Insurance Co. \_\_\_\_\_

Defendant's insurance limits \$ \_\_\_\_\_

Policy Number \_\_\_\_\_ Claim Number \_\_\_\_\_

Declaration Sheet, if yes please provide Yes \_\_\_\_\_; No \_\_\_\_\_

Notice of any disclaimers/denials Yes \_\_\_\_\_; No \_\_\_\_\_

Are there any liens or subrogation claims on the Case Yes \_\_\_\_\_; No \_\_\_\_\_

If so, please specific: Type \_\_\_\_\_ Amount \$ \_\_\_\_\_

Litigation Expenses to date: \$ \_\_\_\_\_ Date of last settlement discussion \_\_\_\_\_

Claimant's Demand \$ \_\_\_\_\_ Defendant's Offer \$ \_\_\_\_\_

Estimated Case Value \$ \_\_\_\_\_ Estimated Case Duration \_\_\_\_\_