

ALLIED LEGAL FUNDING

www.alliedlegalfunding.com Fax to (646) 755-3717

Or email info@alliedlegalfunding.com

Application

Plaintiff's Name			
Address			
City, State, Zip			
Social Security #			
Phone No.		Work No.	
Amount Requested	\$		
How do you plan to use this cash?			
Insurance Carrier		Insurance Coverage	
Attorney's Name			
Law Firm			
Phone No.			
Address			
City, State, Zip			
<u>Case Information</u>			
State			
County			
Accident Date			
Case Index No.			
Case Type	Auto <input type="checkbox"/> Construction <input type="checkbox"/> Employment <input type="checkbox"/> Labor <input type="checkbox"/> Medical <input type="checkbox"/>	Post-Settlement <input type="checkbox"/> Slip and Fall <input type="checkbox"/> Structured Settlement <input type="checkbox"/> Wrongful Death <input type="checkbox"/> Other: _____	
Medical Costs			
Description of Case			
Description of Injuries			
Required Documents	Bill of Particulars <input type="checkbox"/> Complaint and Answer <input type="checkbox"/> Police Report (if applicable) <input type="checkbox"/>	Medical Report <input type="checkbox"/> Medical Expenses <input type="checkbox"/>	