**Application For Sale of Personal Injury Claim Proceeds**

**Email form to:** **funding@lioncapitalfunding.net**

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| PLAINTIFF INFORMATION |
| FULL NAME: |
| STREET ADDRESS: |
| CITY, STATE, ZIP: |
| PHONE NUMER: |
| SOCIAL SECURITY NUMBER: |
| DATE OF BIRTH: |

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| ATTORNEY INFORMATION |
| FIRM NAME: |
| ATTORNEY NAME: |
| PHONE: |
| EMAIL: |
| STREET ADDRESS: |
| CITY, STATE, ZIP: |

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| ACCIDENT INFORMATION |
| TYPE OF ACCIDENT: |
| INJURIES: |
| DATE OF ACCIDENT: |
| INDEX NUMBER: |
| COUNTY: |
| NAME OF DEFENDANT(S): |
| COVERAGE: |
| CLAIM NUMBER: |
| UM/UIM COVERAGE: |
| STATUS OF CASE: |

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| AMOUNT OF FUNDING REQUESTED |
| AMOUNT: |
| PREVIOUS FUNDING COMPANY: |
| APP: |
| PAYOFF AMOUNT: |
| ANY CHILD SUPPORT LIENS? YES / NO |
| ANY BANKRUPTCY? YES / NO CHAP 7 / CHAP 13 DISCHARGED? YES /NO |