

**ATTORNEY ADVANCE APPLICATION:**

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

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

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

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

Organization ID# with Secretary of State: \_\_\_\_\_

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 \_\_\_\_\_

Advance amount requested: \_\_\_\_\_

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