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PLAINTIFF ADVANCE APPLICATION

PERSONAL INFORMATION

Amount Requested _____

Name _____

Address _____ Apartment/Suite _____

City _____ State _____ Zip _____

Date of Birth _____ Social Security Number _____ Email _____

Home Phone _____ Work Phone _____ Cell Phone _____

ATTORNEY INFORMATION

Attorney's Name _____

Law Firm _____

Law Firm Address _____ Floor/Suite _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____ Email/Website _____

How many lawsuits do you have pending at this time? _____

Have you been injured in an accident before (or since) this case? _____

If yes, then explain (what injuries): _____

CASE INFORMATION

Date of Accident / Incident _____ Location of Accident _____

Description of Accident / Incident _____

Description of Injuries _____

Have you had surgery? _____ If so, what type? _____

Did you lose time from work as a result of your injuries? _____ If yes, how much? _____

Have you received any advances from another funding company against this or any other lawsuit? _____

If yes: how much \$ _____ Name of Funding Company _____ Case Funded _____

Have you ever filed Bankruptcy? _____ yes, when? _____