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LAW FIRM LOAN APPLICATION

Please Print Legibly or Type

AMOUNT REQUESTED: \$ _____

ANTICIPATED USE OF FUNDS: _____

LAW FIRM INFORMATION

Law Firm Name: _____

Address: _____

City, State, Zip: _____

Main Phone: _____ Toll Free: _____ Facsimile: _____

Form of Organization: _____
(LLC, Partnership, Etc.) EIN / Tax ID No: _____ Controller: _____

Year Established: _____ Number of Partners: _____ Number of Paralegals: _____

Number of Employees: _____ Number of Associates: _____ Number of Of-Counsel: _____

Website address: _____

PRIMARY CONTACT INFORMATION

Contact First Name: _____ Contact Last Name: _____

Attorney Address: _____

City, State, Zip: _____

Direct Phone: _____ Fax: _____ Cell: _____

Email Address: _____

PRACTICE INFORMATION

	2004	2005	2006	2007	2008
Firm Revenue:					
Firm Expenses:					
Number of Cases Resolved:					

Unreimbursed Case Disbursements: \$ _____ Number of Open Cases: _____

Projected Value of all Open Cases: \$ _____ Projected Expenses on Open Cases: \$ _____

Describe your primary practice areas: _____

Do any other attorneys or law firms have a financial interest in any of the firm's cases? Yes / No

Has any employee/attorney of firm ever been convicted or have a pending charge of a felony or misdemeanor? Yes / No

Submission of this application is not a guarantee that we will offer your law firm financing or that you will accept any funding offer potentially made by us. The information disclosed in this application is confidential and is intended solely for the applicant's request for funding.



Is or has any partner/attorney of firm ever been a defendant in a lawsuit or have an unsatisfied judgment? Yes / No

Does any partner/attorney of firm have any unsatisfied federal, state or local tax liens? Yes / No

Has any partner/attorney of firm ever have a foreclosure or repossession in their past or pending now? Yes / No

Has any partner/attorney of firm ever declared bankruptcy or other insolvency proceedings? Yes / No

If you answered yes to any of the above, please explain:
(use additional paper, if necessary) _____

Does the firm have any outstanding debt or lines of credit? Yes / No

Lender: _____ Amount Outstanding: \$ _____ Total Available Line: \$ _____

Does the firm have any outstanding cash advances? Yes / No

Lender: _____ Amount Outstanding: \$ _____ Total Available Line: \$ _____

Does the firm maintain malpractice insurance? Yes / No

Insurance Carrier: _____ Insurance Limits: \$ _____

Does the firm maintain life insurance on any owners/partners of the firm? Yes / No

Names of partner/owner with Insurance: _____

Insurance Carrier: _____ Insurance Limits: \$ _____

PARTNER / OWNER INFORMATION

Attorney Full Name: _____ Years in Practice: _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____ State & Drivers License #: _____

Date of Birth: _____ Social Security No: _____

What States are or were you licensed in? _____

Are you in Good Standing in all states where you are or were licensed? Yes / No

If Not, Explain: _____

PARTNER / OWNER INFORMATION

Attorney Full Name: _____ Years in Practice: _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____ State & Drivers License #: _____

Date of Birth: _____ Social Security No: _____

What States are or were you licensed in? _____

Are you in Good Standing in all states where you are or were licensed? Yes / No

If Not, Explain: _____



PARTNER / OWNER INFORMATION

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City, State, Zip: _____

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Date of Birth: _____ Social Security No: _____

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City, State, Zip: _____

Home Phone: _____ Cell Phone: _____ State & Drivers License #: _____

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If Not, Explain: _____

PARTNER / OWNER INFORMATION

Attorney Full Name: _____ Years in Practice: _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____ State & Drivers License #: _____

Date of Birth: _____ Social Security No: _____

What States are or were you licensed in? _____

Are you in Good Standing in all states where you are or were licensed? Yes / No

If Not, Explain: _____

REFERENCES (3)

Reference Full Name: _____ # of Years Known: _____

Employer Name: _____

Reference Address: _____

City, State, Zip: _____

Main Phone: _____ Cell Phone: _____ Other Phone: _____

Relationship with Law Firm or Attorney: _____



REFERENCES (3)

Reference Full Name: _____ # of Years Known: _____
 Employer Name: _____
 Reference Address: _____
 City, State, Zip: _____
 Main Phone: _____ Cell Phone: _____ Other Phone: _____
 Relationship with Law Firm or Attorney: _____

REFERENCES (3)

Reference Full Name: _____ # of Years Known: _____
 Employer Name: _____
 Reference Address: _____
 City, State, Zip: _____
 Main Phone: _____ Cell Phone: _____ Other Phone: _____
 Relationship with Law Firm or Attorney: _____

DOCUMENT REQUEST

- Current case listing – including brief description of each case, estimated settlement value, estimated total fee, estimated net fee to firm, estimated expense recovery and estimated time for resolution
- Entity documents – (Certificate of Incorporation, Partnership Agreement, Statement of Good Standing)
- Financial Statements for the law firm (Profit & Loss Statement, Balance Sheet) for last full year and current year to date
- Law Firm Tax Returns for last 3 years
- Personal Tax Returns for partner/owner for last 3 years and Personal Financial Statement for each partner/owner
- Executed Credit Authorizations from the firm and each principal/owner
- Resumes of each attorney in the firm
- Firm Literature, if any

By signing below, I certify that the information provided in this application is true, accurate and complete to the best of my knowledge and belief.

Attorney Name:		Attorney Signature:	
Date:			