

**Questions? 1-800-352-9676**

**Mail to:** Plaintiff Support, 6400 Main Street, Suite 120, Williamsville, NY 14221 **or Fax to:** (716) 639-8382

<b>To:</b> _____	<b>From:</b> _____
<b>Law Firm:</b> _____	<b>Pages:</b> _____
<b>Attn:</b> _____	<b>Date:</b> _____
<b>Fax:</b> _____	<b>Re:</b> _____

**APPLICATION INSTRUCTIONS**

- 1. Please complete and sign the attached Plaintiff Funding Application.**
- 2. Complete and sign the Disclosure, Liens and Other Interests, and Information Disclosure Authorization forms (pages 3-5 of this document).**

**3. You must include the following documents:**

- Accident report / police report
- Emergency room report (if treatment was rendered)
- Copy of any pleading (includes case title, venue and index number)
- History and physical sheet (if treatment was rendered)
- Admission and discharge summary (if treatment was rendered)
- All operative reports (if treatment was rendered)
- Current medical report and / or narrative report from the plaintiff's treating physician setting forth the seriousness of the injury at the present time
- All diagnostic testing (i.e. MRI, CT scans or X-ray reports)
- Independent medical exam reports (if conducted)

**IMPORTANT: We will not be able to review the case without the documents listed above.**

**4. Upon completion, submit to Plaintiff Support by mail or fax:**

Mail: Plaintiff Support	Fax: (716) 639-8382
6400 Main Street, Suite 120	
Williamsville, NY 14221	

If you have any questions, please call 1-800-352-9676.

The information contained in this facsimile message is sent by an attorney or his/her agent, and is intended only for the use of the individuals or entities to which it is addressed and may contain information that is privileged and confidential, the disclosure of which is prohibited by law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you received this communication in error, please notify us immediately by telephone and return the original message to us at the above address via the U.S. Postal Service.

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**APPLICANT INFORMATION**

Applicant name (first name, middle initial, last name) \_\_\_\_\_ Date of birth \_\_\_\_\_ Social security number \_\_\_\_\_

Address (no., street, city or town, state, and ZIP code) \_\_\_\_\_ Apt. no. \_\_\_\_\_

Phone (main) \_\_\_\_\_ Phone (secondary) \_\_\_\_\_ Employer (at time of injury) \_\_\_\_\_ Yrs. at job \_\_\_\_\_ Monthly income \_\_\_\_\_

Date of injury \_\_\_\_\_ Disabled from injury?  NO  YES Duration of disability From (date): \_\_\_\_\_ To (date): \_\_\_\_\_

Funding amount requested \_\_\_\_\_ Funding via check or debit card?  CHECK  DEBIT CARD Reason for funding request \_\_\_\_\_

Description of injury \_\_\_\_\_

Surgery required?  NO  YES Type of surgery \_\_\_\_\_

Case type and description \_\_\_\_\_

Title of action (or provide a copy of any pleading) \_\_\_\_\_

**DEFENDANT AND INSURANCE INFORMATION**

Defendant name _____	Defendant name _____
Insurance company _____	Insurance company _____
Policy limits _____	Policy limits _____
Excess insurance policy limits _____	Excess insurance policy limits _____

Are there any outstanding judgments or IRS tax liens against the applicant? (if yes, describe) <input type="checkbox"/> NO <input type="checkbox"/> YES	Has the applicant been or is the applicant currently involved in a bankruptcy or insolvency proceeding? (if yes, provide discharge date) <input type="checkbox"/> NO <input type="checkbox"/> YES	Has the applicant sought or received funds from any other funding company? (if yes, provide company name and amount funded) <input type="checkbox"/> NO <input type="checkbox"/> YES
_____	_____	_____

**ATTORNEY / LAW FIRM INFORMATION**

Attorney name \_\_\_\_\_ Law firm name \_\_\_\_\_

Address (no., street, city or town, state, and ZIP code) \_\_\_\_\_ Ste. no. \_\_\_\_\_

Phone (main) \_\_\_\_\_ Phone (secondary) \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**Sign Here** Signature of application preparer \_\_\_\_\_ Date \_\_\_\_\_

Name of application preparer (please print) \_\_\_\_\_

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**Please provide a list of any and all liens along with the amounts of the liens that currently exist against any recovery the plaintiff may receive:**

- There are no liens or other interests against the plaintiff's personal injury claim
- The following lien(s) exists:

<b>Lien holder:</b>	<b>Amount of lien:</b>
Internal Revenue Service lien:	
Compensation:	
SSI / SSD:	
Welfare:	
Railroad Retirement Board:	
No Fault:	

<b>Medical providers and/or other liens:</b>	<b>Amount of lien:</b>

**Sign Here** ▶

Signature of client/plaintiff \_\_\_\_\_ Date \_\_\_\_\_

Name of client/plaintiff (please print) \_\_\_\_\_

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**Mail to: Plaintiff Support, 6400 Main Street, Suite 120, Williamsville, NY 14221 or Fax to: (716) 639-8382**

This disclosure contains important information about the Plaintiff Agreement you may enter into with Plaintiff Support Services, Inc. ("PSS"). Please read this disclosure carefully before you sign the Plaintiff Agreement.

- The funds that PSS advances under the Plaintiff Agreement are treated as an investment, not a loan, because PSS does not recover the funds if your lawsuit is not successful. As a result, the cost of obtaining funds from PSS takes into account PSS's risk that it will not recover its investment in all cases. This means that the cost to you of obtaining funds from PSS will be high. A payment example will be given to you before you sign the Plaintiff Agreement.
- If PSS advances funds to you, these funds will not be used for litigation purposes.
- In connection with the Plaintiff Agreement, you must sign an Assignment of Proceeds. This document permits your attorney to pay PSS the amounts you owe under the Plaintiff Agreement from any recovery you receive from your lawsuit. A copy of this document will be given to your attorney. If you change attorneys before you pay to PSS all amounts you owe under the Plaintiff Agreement, PSS will have the right to receive payment from your new attorney. You will be required to notify PSS whenever you change your attorney.
- If you are involved in a bankruptcy proceeding before you pay to PSS all amounts you owe under the Plaintiff Agreement, the Plaintiff Agreement requires you to disclose to the bankruptcy court that PSS owns a portion of any recovery you receive from your lawsuit. Because the funds advanced by PSS are an investment, not a loan, your obligations to PSS will not be discharged or reduced as a result of the bankruptcy proceeding.
- Under the Plaintiff Agreement, PSS may advance funds to you in its discretion. This means that PSS is not required to advance any specific amount of funds and can discontinue making advances of funds at any time. Even though PSS may decide not to advance funds at any time, you must still comply with your obligations under the Plaintiff Agreement with respect to any funds previously advanced to you by PSS.

**Credit Report Notice:** Plaintiff Support Services, Inc. ("PSS") may request a credit report from a credit reporting agency in connection with your entering into a Plaintiff Agreement with PSS or any request by you for an advance of funds pursuant to the Plaintiff Agreement. If asked, PSS will tell you if a credit report was requested and if so, the name and address of the credit reporting agency furnishing the credit report. To request the information, you should write Plaintiff Support Services, Inc., 6400 Main Street, Suite 120, Williamsville, New York 14221, or call 1-800-352-9676.

**By signing below, you acknowledge that you have received a copy of this disclosure.**

**Sign Here** ▶

Signature of plaintiff

Date

\_\_\_\_\_

\_\_\_\_\_

Name of plaintiff (please print)

\_\_\_\_\_

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**PLAINTIFF/CLIENT INFORMATION**

<b>Name</b> (first name, middle initial, last name)		<b>Date of birth</b>
_____		_____
<b>Address</b> (no., street, city or town, state, and ZIP code)		
_____		<b>Apt. no.</b>  _____
<b>Phone</b> (main)	<b>Phone</b> (secondary)	
_____	_____	

Dear \_\_\_\_\_  
Attorney's name

I hereby authorize you and waive the attorney/client privilege for the sole purpose of enabling you to release to Plaintiff Support Services, Inc. ("PSS") any information requested by them concerning or arising out of my claim including, without limitation:

1. Information concerning the nature, background and details of my claim.
2. An opinion to PSS concerning the status and progress to date of the claim, the likelihood of success on the claim and the range of probable recovery.

This information is for the confidential use of Plaintiff Support Services, Inc. It will be used by PSS in making a determination of whether to advance funds to me as an investment in my claim. These funds will provide me with necessary financial assistance until my claim is resolved.

<b>Sign Here</b> ▶	<b>Signature of client/plaintiff</b>	<b>Date</b>
	_____	_____
	<b>Name of client/plaintiff</b> (please print)	
	_____	