

Lawsuit Advance Quote Request Form

First name _____ Last name _____

Address _____ Apt /Unit # _____

City _____ State _____ Zip _____

Phone number _____ Cell phone _____ Fax _____

E-Mail address _____

How much lump sum cash do you need now? \$ _____

Your Date of Birth _____ Your S.S. Number _____

Your Attorney's Name _____

Address _____ City _____ State _____

Attorney's Phone _____ Attorney's Fax _____

Were alcohol or drugs involved in this case ☐ Yes ☐ No

Do you have a criminal record? ☐ Yes ☐ No Do you pay child support? ☐ Yes ☐ No

Theory or Basis of Case ☐ Auto ☐ Accident ☐ Malpractice ☐ Discrimination
☐ Product Negligence ☐ Commercial ☐ Other

Case Details _____

Extent of Your Injuries _____

Why Advance is Requested _____