VISIONS CAPITAL FUNDING

TOLL FREE **(866) 467-3275** (Phone & Fax)

(In Association with Lawsuit Financial Corporation)

PLAINTIFF FUNDING APPLICATION

Please print clearly. All information is strictly confidential.

Date: _____

A. CONTACT INFORMATION:

Full Name: _____ Date of Birth: _____

Home Address: _____

City, State: _____ Zip code: _____

Phone number (day): _____ Phone number (evening): _____

Cell phone number: _____ E-mail Address: _____

Social Security #: _____ Driver's License # & State _____

B. AMOUNT OF MONEY REQUESTED: **$**_____

Briefly describe what the funds will be used for: _____

_____

C. LAWSUIT INFORMATION:

Attorney Information

Attorney Name: _____ Firm Name: _____

Address: _____

City, State: _____ Zip Code: _____

Phone number: _____ Fax number: _____

E-mail address: _____

Accident/Incident Information Date of Accident/Incident: _____

Type of Case (please check all that apply):

___ Auto Accident ___ Premises Liability ___ Medical Malpractice

___ FELA (Railroad) ___ Jones Act (Maritime) ___ Workers Comp Third Party

___ Other (Describe) _____

Describe your case/damages:_____

_____

Treatment (surgeries, etc.) if applicable _____

_____

Case Status: Lawsuit? ___Yes ___No Mediation? ___Yes___No Offer? ___Yes___No

Demand? ___Yes ___No Trial Date? ___Yes___No Appeal? ___Yes___No

D. PREVIOUS FUNDINGS: Company Name: _____

Date Advanced: _____ Amount Advanced: $_____ Payback: $_____

E-mail or fax this form to: **Visions Capital Funding**

E-mail: jsparks@visionscapitalfunding.com OR Fax: (866) 467-3275

Please call (866) 467-3275 or e-mail us if you have any questions.

Once this form is received, you will be contacted by one of our representatives.