USCLAIMS®

FUNDING APPLICATION

PLAINTIFF

Name:______________________________

Address:______________________________

____

Phone:______________ Cell:______________

Email:______________________________

Social Security #:______________________________

DOB:_____/_____/________ Married? Yes ☐ or No ☐

PLAINTIFF'S COUNSEL

Name:______________________________

Firm:______________________________

Address:______________________________

____

Phone:______________________________

Fax:______________________________

Email:______________________________

INJURY DETAILS

Describe Injuries:______________________________

____

How have medicals been paid?______________________________

Total Medicals [Incl. Liens]: $ ______________________________

Pre-existing? Yes ☐ or No ☐

Treatment:______________________________

____

____

Surgeries:______________________________

____

____

CASE INFORMATION

Incident Date:_____/_____/________ State:______

Case Type: MVA ☐ Slip/Fall ☐ Other ☐

Med Mal ☐ W/C ☐ Premises Liability ☐

If Other:______________________________

Defendant Name: ______________________________

Court (if filed):______________________________

Docket/Index#:______________________________

Suit Filed Date:______________________________

Est Settlement Date:_____/_____/________

Est Value:__________ Settlement Offers:__________

Amount Requested $ ______________________________

LIENS

Other Liens [DPW, Child Support, Workers Comp, Other]:

$ ______________________________

Prior Advances? Yes ☐ or No ☐

Amount: $ ______________

Prior Advance Company:______________________________

	Yes	No	Amount
Workers Comp Liens?	☐	☐	$ ______________
Health Insurance Liens?	☐	☐	$ ______________

INSURANCE INFORMATION

Self Insured? Yes ☐ or No ☐

Def Insurance Co:______________________________

Def BI Policy Limits:______________ /______________

PIP:______________________________

Plaintiff UM/UIM:______________ /______________

Claim#/Policy#:______________ /______________

Excess Limits: ______________________________

Excess Carrier: ______________________________

The above information is true and correct to the best of my knowledge. **Date:** _____/_____/________

Signature: ______________________________ **Print Name:** ______________________________

PLEASE FAX, EMAIL, OR MAIL DOCUMENTS TO:

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