

**LTF Legal Finance, LLC**  
**PLAINTIFF FUNDING APPLICATION**

**Personal Information**

|                                                                                                                                                      |            |               |                   |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------|-------------------|-----|
| Plaintiff's Name                                                                                                                                     |            | Date of Birth | Social Security # |     |
| Street Address                                                                                                                                       |            | City          | State             | Zip |
| Home Phone                                                                                                                                           | Cell Phone | Fax           | Email             |     |
| Employer                                                                                                                                             |            |               |                   |     |
| Spouse's Name                                                                                                                                        |            | Date of Birth | Social Security # |     |
| Have you been or are you currently involved in a bankruptcy? (if yes, provide details) <input type="checkbox"/> Yes <input type="checkbox"/> No      |            |               |                   |     |
| Are you currently considering filing bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No                                            |            |               |                   |     |
| Are there any outstanding judgments or IRS tax liens against you? (if yes, provide details) <input type="checkbox"/> Yes <input type="checkbox"/> No |            |               |                   |     |
| Have you sought or received funds from another funding company? (if yes, provide details) <input type="checkbox"/> Yes <input type="checkbox"/> No   |            |               |                   |     |

**Attorney Information**

|                                   |  |           |       |     |
|-----------------------------------|--|-----------|-------|-----|
| Attorney's Name                   |  | Firm Name |       |     |
| Street Address                    |  | City      | State | Zip |
| Office Phone                      |  | Fax       | Email |     |
| Paralegal/Assistant/Other Contact |  |           |       |     |

**Defendant Information**

|                           |  |                      |  |  |
|---------------------------|--|----------------------|--|--|
| Defendant's Name          |  | 2nd Defendant's Name |  |  |
| Insurance Company         |  | Insurance Company    |  |  |
| Policy Limits             |  | Policy Limits        |  |  |
| Defendant's Attorney Name |  | Firm Name            |  |  |

**Incident Information**

|                              |                                                                           |                                                                               |
|------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| Date of accident/injury      |                                                                           |                                                                               |
| Type of Case and Description |                                                                           |                                                                               |
| Injury Description           |                                                                           |                                                                               |
| Duration of Injury           | Surgery required <input type="checkbox"/> Yes <input type="checkbox"/> No | Disabled from Injury <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Funding amount requested     | Reason for funding request                                                |                                                                               |

**Signature**

The undersigned warrants and certifies that the information included herein or provided additionally is and will be true, correct and complete. The undersigned agrees to notify LTF Legal Finance, LLC if there is any change in such information.

Signature \_\_\_\_\_ Date \_\_\_\_\_