

Pre-Settlement Advance – Info Requested from Attorney

PLAINTIFF / ATTORNEY:

Client's Name: _____

Law Firm: _____

CASE INFO:

Date Suit Filed: _____ Trial Date (if assigned): _____

Amount of Suit OR Est. Settlement Range (if applicable): _____

INSURANCE INFO:

Name of Insurance Co: _____

Policy Limits: _____ Person _____ / Accident

Policy #: _____ Claim #: _____

CASE DOCUMENTS:

1. **Application** (completed by Client or Attorney)- Click here... [Pre-Settlement Application](#)
2. **Complaint (& Answer)**- if filed
3. **Application for Adjustment of Claim** (for Worker's Comp Cases)
4. **Incident Report** (Police Report etc.)- if applicable
5. **Medical Records** (ER Report, etc.)- if applicable

PLEASE RETURN BY ...

EMAIL: GSloan@GlobalFundingInc.com or

FAX: 770-783-5861