



8 Tower Bridge  
 161 Washington Street, Suite 240  
 Conshohocken, Pa 19428  
 P 888-697-7352 F 866-312-4560  
[www.thrivest.com](http://www.thrivest.com)

## LEGAL FUNDING APPLICATION

Please return completed application via fax to (866) 312-4560 or email to [intake@thrivest.com](mailto:intake@thrivest.com)  
 All information is confidential

### Claimant Information

Name \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_ Birthdate \_\_\_\_\_  
 City, St, Zip \_\_\_\_\_ Phone \_\_\_\_\_ 2) \_\_\_\_\_  
 Soc. Sec. # \_\_\_\_\_  
 Liens  Medical/Letters of Protection \$ \_\_\_\_\_  Child Support \$ \_\_\_\_\_  Taxes \$ \_\_\_\_\_  Housing \$ \_\_\_\_\_  
 Amount Requested\$ \_\_\_\_\_ Previous Funding Y / N From? \_\_\_\_\_ In Bankruptcy? Y / N

### Attorney Information

Attorney \_\_\_\_\_ Email \_\_\_\_\_  
 Paralegal/Ass't \_\_\_\_\_ Phone \_\_\_\_\_  
 Firm Name \_\_\_\_\_ Fax \_\_\_\_\_  
 Address \_\_\_\_\_ City, St, Zip \_\_\_\_\_

### Lawsuit Information

Case Type	<input type="checkbox"/> MVA	<input type="checkbox"/> Slip & Fall	<input type="checkbox"/> Med Malpractice	<input type="checkbox"/> 3 <sup>rd</sup> Party Worker's Comp	<input type="checkbox"/> Other	_____
Insurance Company	_____	Coverage Amt	_____	Date of Incident	_____	_____
Defendant Name	_____	Complaint Filed	Y / N	Case Status	_____	_____
Incident Location:	City _____	County _____	State _____	Docket #	_____	_____
Documentation Showing Defendant Liability: Police Report? Y / N Incident Report? Y / N Photos? Y / N Other? _____						
Accident Details:						
Potential comparative negligence? Y / N						
Description of injuries, treatment & surgeries, if any.						
Pre-existing injuries	_____	Medical Bills to Date (\$)	_____			
Auto / Property Damage (\$)	_____	Auto Make/Year	_____			
Settlement Offered Y/N	_____	Approx Case Value	Low\$ _____	High \$	_____	_____
Estimated Settlement Date	_____					
Any Additional Information?						