

Personal Injury Loan

Application Form



If additional space is required to complete any section of this application, please indicate on the application form and attach additional pages to this application.

CLIENT DETAILS

Name	<input type="text"/>	Date of birth	<input type="text"/>
Address	<input type="text"/>	City	<input type="text"/>
Postal code	<input type="text"/>	Driver's licence #	<input type="text"/>
Phone	<input type="text"/>	Email	<input type="text"/>

LOAN REQUEST SUMMARY

Principal requested	<input type="text"/>	Setup fee (Office use only)	<input type="text"/>
Funding date	<input type="text"/>		
Has the client previously had funds advanced against their claim?	Yes <input type="radio"/> No <input type="radio"/>		
If yes, what is the total of the funds advanced?	<input type="text"/>		

ACCIDENT/INCIDENT DETAILS

Date of Loss	<input type="text"/>
Description of the accident/ incident	<input type="text"/>
Description of the injuries	<input type="text"/>
Date the injuries were first reported to a medical professional	<input type="text"/>

Personal Injury Loan

Does the client have any relevant pre-existing injuries or conditions?

Yes No

If yes, please explain.

What treatment, if any, has the client undertaken since the date of loss?

EMPLOYMENT DETAILS

What was the client's job title at the time of the incident/accident?

How long had they held the position?

What was their rate of pay?

Have they missed work due to their injuries?

Yes No

If yes, for how long?

CLAIM DETAILS (IF APPLICABLE)

Has an action been started?

Yes No

If yes, when?

Have discoveries been set and/or completed?

Yes No

If yes, when?

Has a trial been set? Yes No Trial dates

Has a jury notice been filed? Yes No

Are there any additional factors that you are aware of that may prevent the client from being able to repay this loan? (i.e. bankruptcy proceedings, FMEC arrears, etc.)

Lawyer Name

Application Date

Signature