

AMERICAN ASSET FINANCE, LLC
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PRE-SETTLEMENT ADVANCE APPLICATION

To evaluate your client's case properly, we require that this application be completed in full and returned to our office with the documents requested on page two (2). Facsimile: (973) 304-6011

Amount Requested: _____ Date: _____

Client Name: _____

Client Address: _____

Client Telephone Number: _____

Client Date of Birth: _____ Social Security Number: _____

Marital Status: _____ Spouse's Name: _____

Intended use of funds: _____

How did you hear about American Asset Finance's Pre-Settlement Advance Program? _____

Date of Accident: _____ Status of Litigation: _____

Name & Address Of:
Defendant

Insurance Company

Policy/Claim # _____

Policy Limits: _____

Details of the Case (Theory/Basis):

Extent of Injuries (Physical/Financial):

Has Client Reached Maximum Medical Improvement (MMI): Yes _____ No _____

If No, When Anticipated? _____

Has Liability Been Established And/Or Admitted: Yes _____ No _____
(If Yes, Please Explain)

If an automobile accident case, is there an applicable injury threshold? Yes _____ No _____
If yes, please identify: _____

Is This Case on a Contingency Fee Basis: Yes _____ (%_____) No _____

Costs to Date:

Medical: \$ _____ Case Preparation: \$ _____ Loss Client Income: \$ _____

Pre-Existing Liens (Medical, Professional, Personal Loans/Services – INCLUDING LIENS WITH ANY OTHER FUNDING COMPANY):

Date	Type	Lienholder	Amount

Has Client Had Any of the Following (If Yes, Please Explain):

Preexisting Conditions: Yes _____ No _____ Comments: _____
 Previous Injuries: Yes _____ No _____ Comments: _____
 Previous WC Claims: Yes _____ No _____ Comments: _____

Has the client been convicted of any crimes other than a parking violation: Yes _____ No _____
 If so, explain: _____

Has the client filed for bankruptcy, or are they currently involved in a bankruptcy: Yes _____ No _____
 If so, has the bankruptcy been discharged: Yes _____ No _____

Has Client Returned to Work? Yes _____ No _____ If So, When: _____
 Estimated Date of Settlement/Judgment:

30 Days	()	6 to 12 months	()
31 to 60 days	()	12 to 18 months	()
60 to 90 days	()	18 to 24 months	()
3 to 6 months	()	Over 24 months	()

Settlement Offer, If Any: _____

Settlement Demand, If Any: _____

What Are Your Thoughts/Feelings About Your Client/Case?

Why Wouldn't this Case Settle?

What Is Your Estimated Value of this Case: \$ _____

Requested Compensatory Damages: \$ _____

Requested Punitive Damages (if applicable): \$ _____

The Following MUST Accompany this Application to Consider Client's Funding Request: (Please Confirm By Checking Box – If Not Available, Indicate by "N/A")

_____ Police/Accident Report(s)	_____ Witness Statements	_____ Demand Letter
_____ Hospital/Emergency Room Reports	_____ Pleadings	_____ Depositions
_____ Medical Reports/Physician's Assessment	_____ Expert Witness Reports	_____ Interrogatory Responses
_____ Medical Billing/Statement		

****If Slip/Trip & Fall Case, Documentation of Notice of Defect or Condition Is Required to Evaluate File.**