FAST MONEY ADVANCES, LLC

Fast Money Advances, LLC

525 Vine Street., STE 1

P.O. Box 902

Cincinnati, OH 45201

**INFORMATION FORM**

(To Be Completed By Applicant’s Attorney)

Phone: 513-327-8729

www.fastmoneyadvances.com

***THIS INFORMATION IS FOR CASH ADVANCE EVALUATION PURPOSES ONLY AND WILL NOT BE SHARED WITH THE CLIENT, THE RESPONDENT/DEFENDANT OR INSURANCE CARRIER.***

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| **Applicant:** |  |
| **Is this a Motor Vehicle Accident?** | Yes No |
| **If yes, is UM/UIM coverage available?** | Yes No |
| **Limits of UM/UIM:**  |  |
| **Dates of Incidents:** |  |
| **Name of Court:** |  |

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| --- |
| **Defendant(s):** |  |
| **Is this Workers' Comp Case?** | Yes No |
| **Client's Insurance:** |  |
| **Defendant's Insurance:** |  |
| **Policy Limits:**  | **Client: /Defendant:** |
| **Case #:** |  |

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| --- |
| **MRI?** | Yes No |  |
| **Surgery?** | Yes No |  |
| **Fractures?** | Yes No |  |
| **Still in Treatment?** | Yes No |
| **Any Settlement offers?** | Yes No |
| **Has Liability been established or admitted?** | Yes No |

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| **Estimated Settlement Range:** |  |
| **Estimated Trial or Settlement Date:** |  |
| **Medical Expenses:** |  |
| **Lost Wages:** |  |
| **If an offer was made, how much?** |  |
| **If a demand was made, how much?** |  |

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| --- | --- |
| **Describe Accident/Incident:** |  |
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| --- | --- |
| **Describe Medical Treatment/Injury:** |  |
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| --- | --- |
| **Are you aware of any other prior advances or loans that your client has taken out against this case?** | Yes No |

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| If you are aware of any prior advances, loans, third-party liens, child support liens, Medicaid liens, etc . . . please list them below: |
|  **Name of Cash Advance/Loan Company / or Lien Holder** | **Amount** | **Date of Cash Advance/Loan/Lien** |
|  |  |  |
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|  |  |  |

**PLEASE RETURN WITH A *COPY OF THE COMPLAINT (IF FILED)* AND ANY SUPPORTING DOCUMENTATION (i.e. *MEDICAL RECORDS, POLICE/ACCIDENT REPORT*).**

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 **Attorney (signature) Date**