



Peachtree Pre-Settlement Application

In order to complete the form below, you MUST use Adobe Acrobat Reader or Pro version 8.0 or higher. Older versions of Adobe may not save properly. To download the latest version of Adobe Acrobat Reader which is free, click [here](#).

***** PLEASE SEND THE FOLLOWING REQUIRED DOCUMENTS *****

If you do not have documents listed below, please contact your Account Executive to discuss other options.

1. **Medical Reports** (ER Records, MRI, Surgery Reports)
2. **Liability Support** (Police, Incident, or Expert Report; ER Record of Incident; Constructive Notice; Witness Statement; Photos)
3. **Enter Insurance Policy Limits** on Pg 2 of app
4. **Copy of Complaint** (*if filed*)
5. **If Settled, only provide Settlement Agreement w/ completed Application**

Attorney Information *(Please review and complete for accuracy.)*

Plaintiff's Counsel		Firm Name	
Street Address		City, State & Zip Code	
Phone Number	Fax Number	E-mail Address	
Paralegal / Assistant Name		Paralegal / Assistant E-mail Address	

Claimant Information *(Please review and complete for accuracy.)*

Claimant Name		Alias (if any)	
Street Address / /		City, State & Zip Code () - () -	
Date of Birth	Social Security #	Phone Number	Cell Phone Number

Amount of Advance Requested: \$ _____

Marital Status: Single Married Divorced Widowed **Gender:** Male Female

Case Information

Case Name	Claim Type
Estimated Date of Settlement	\$ _____ Est. Settlement Range
Date of Incident/Loss	\$ _____ Offer Amount (if applicable)
Date Suit Filed / Trial Date (if applicable)	Number of Known Claimants
Insurance Company	_____ / _____ Policy Limits: Per Person / Per Accident
Policy #	Claim #

Primary Injuries / Surgeries

Lien Information

1. Please provide the amount of **Medical Bills** to date. _____
2. Of that Medical Bill amount, please state how much is subject to **liens and/or letters of protection**.

3. Are there any **Child Support liens**? Yes No
4. Please state the type and amount of any **other liens**. _____

5. Please list any **additional anticipated liens** and the estimated amount. _____
6. Please list the funding company name for other **Cash Advances**. _____

Settled Case Information (if applies)

Date Settled _____ When do you expect to receive funds? _____

Net proceeds to client \$ _____

What are the funds being used for? _____

Will funds be disbursed through your office? Yes No

***PLEASE NOTE:** Peachtree’s receipt or acceptance of a submitted application is not a commitment to enter into a pre-settlement funding transaction, the decision for which shall be made in the sole and absolute discretion of Peachtree and shall be subject to execution of definitive transactional documentation. By submitting this application to Peachtree you are acknowledging that, in the event Peachtree decides not to fund the transaction, the person requesting funding has given you authority to authorize Peachtree, and you hereby authorize Peachtree, to seek funding for this transaction with third party funders, including sending the information submitted to Peachtree to said funders. If you **do not** have such authorization and still wish to submit the transaction for consideration, please **check** this box .