

# ROSE GROUP

FINANCIAL

## PRE-SETTLEMENT FUNDING APPLICATION

### PERSONAL INFORMATION

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Job \_\_\_\_\_ Work Phone \_\_\_\_\_  
ID Type \_\_\_\_\_ State Issued \_\_\_\_\_ ID Number \_\_\_\_\_

### ATTORNEY INFORMATION

Law Firm \_\_\_\_\_ Attorney Full Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Other Contact(Paralegal, Legal Assistant) \_\_\_\_\_ Phone Number \_\_\_\_\_

### CASE INFORMATION

Date of Accident or Injury \_\_\_\_\_ Name of Defendant \_\_\_\_\_  
Police Report (Y/N) \_\_\_\_\_ Fault Assigned (Y/N) \_\_\_\_\_ If so who was at Fault \_\_\_\_\_  
Describe the incident  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you received any other funding for this case (Y/N) \_\_\_\_\_  
If yes, The amount \_\_\_\_\_ Previous Company \_\_\_\_\_ Date Funded \_\_\_\_\_  
Are there any outstanding liens against you or the case (Y/N) \_\_\_\_\_  
Amount requested \_\_\_\_\_ Date needed \_\_\_\_\_

By signing this form, I agree that all the information listed is accurate and correct.

In order to obtain information about your case, we need authorization for your attorney to release your case records and information to us. We cannot proceed without it.

I \_\_\_\_\_ (Applicant) request and authorize my attorney, \_\_\_\_\_ to provide Rose Group Financial, LLC with whatever information (whether oral or in writing) needed to evaluate my funding request. I specifically waive any privilege that I may have regarding such information.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_