



5 STAR LEGAL FUNDING, LLC.

Advancing Into The Future

516-599-4000

Application For Sale of Personal Injury Claim Proceeds
FAX REQUEST TO (516) 599-1722 OR EMAIL TO INFO@5STARLF.COM

I. PLAINTIFF INFORMATION		
FULL NAME:		
STREET ADDRESS:		
CITY, ST/STE ZIP:		
PHONE NUMBER:		
SOCIAL SECURITY #:	DATE OF BIRTH:	
II. AMOUNT OF MONEY REQUESTED		
AMOUNT:	APP:	
PREVIOUS FUNDING CO:	PAYOFF AMT:	
ANY CHILD SUPPORT LIENS:		
BK: CHAP 7 / CHAP 13	DISCHARGED? Y / N	
III. ATTORNEY INFORMATION:		
FIRM NAME:	PHONE:	
ATTY NAME:	FAX:	
STREET ADDRESS:	SUITE/FLOOR #:	
CITY, STATE, ZIP:		
EMAIL:		
IV: ACCIDENT INFORMATION		
TYPE OF ACCIDENT:		
INJURIES:		
D.O.A:	INDEX NUMBER:	COUNTY:
NAME OF DEFENDANT(S):		
DEFENDANT INSURANCE CO:		
COVERAGE:	CLAIM NUMBER:	
UM / UIM COVERAGE:		
STATUS OF CASE:		