

**AMERICAN ASSET FINANCE, LLC**

23 DEERBROOK LANE  
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(888) ASSIGNS or (888) 277-4467  
Facsimile (973) 304-6011  
Website: [www.amasset.com](http://www.amasset.com)

**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:  
Costs to Date:

Yes \_\_\_\_ (%\_\_\_\_) No \_\_\_\_

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.