



Email completed form to: [note@masoba.net](mailto:note@masoba.net)

Fax completed form to: 1-877-462-4055

RA Full Name: \_\_\_\_\_

## Pre-Legal Settlement Advance Quotation Form

Full Name \_\_\_\_\_ Date \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_ Other Phone \_\_\_\_\_ DOB \_\_\_\_\_

Victim's (Plaintiff's) Name \_\_\_\_\_

## Lawsuit / Case Information Worksheet

Type of case you have: \_\_\_\_\_

Victim's Occupation: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Is the Plaintiff able to work? \_\_\_\_\_

Name of Attorney: \_\_\_\_\_

Paralegal or Case Manager Name: \_\_\_\_\_

Law Firm Name: \_\_\_\_\_

Law Firm Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Attorney's Email: \_\_\_\_\_

Attorney's Phone: \_\_\_\_\_

Law Firm Website: \_\_\_\_\_

Date of Accident/Incident: \_\_\_\_\_

Location of Accident/Incident: \_\_\_\_\_



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Description of Accident/Incident: \_\_\_\_\_

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Did you receive medical treatment for your injuries?  Yes  No

If yes, explain: \_\_\_\_\_

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Did you lose time from work as a result of your injuries?  Yes  No

If yes, how much time? \_\_\_\_\_

Have you received any advances from another funding company against this case?  Yes  No

If yes, please provide us the name of the funding company as well as how much you received and an approximate date: \_\_\_\_\_

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Are there any other liens against this case?  Yes  No

Do you have any other lawsuits pending at this time?  Yes  No

Were you ever injured in an accident before this case?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever filed Bankruptcy?  Yes  No

If yes, are you currently still in Bankruptcy?  Yes  No

Advance amount requesting? \_\_\_\_\_

Funds needed for: \_\_\_\_\_

Have you spoken with your attorney about this advance?  Yes  No