



Magnolia Legal Funding

LEADERS IN PRE-SETTLEMENT ADVANCES

888-207-1772

FAX APPLICATION

Date: _____

From: _____

Phone: _____

To: **MAGNOLIA LEGAL FUNDING** **FAX NO: 516-741-7018**

Number of Pages (including cover sheet): _____

Name and Address of Client: _____

Amount Requested: \$ _____

- Reason for Request: (check all that apply)
- Living Expenses (Rent/Utilities/Food, Etc.)
 - Medical Expenses
 - Repayment of Debt
 - Other _____

- Type of Case:
- Auto
 - Trip/Fall Slip/Fall Ceiling Collapse
 - Labor Law
 - Medical Malpractice
 - Elevator
 - Other _____

Insurance Carrier(s): _____ Coverage Amount(s): \$ _____

Enclosed are the Following:
(check all that apply)

Feel free to enclose whatever
you think will expedite our
evaluation!

- Police Accident Report
- Aided Report
- Non-Police Accident Report
- C-2 Accident Report
- Witness Statement(s)
- Summons/Complaint
- Bill of Particulars
- Emergency Room Record
- Ambulance Call Report
- Narrative Report(s)
- Operative Report(s)
- MRI/X-Ray Report(s)
- Other _____