

Helping Hands Capital, LLC

Request for Funding

Client/Requestor's Name: _____

Client/Requestor's Address: _____

Client/Requestor's City/State/Zip Code: _____

Client/Requestor's Telephone No.: _____

Attorney's Name: _____

Attorney's Address: _____

Attorney's City/State/Zip Code: _____

Attorney's Telephone No.: _____

Amount of Funding Requested: _____

Medical Expenses to Date: _____

Total Wage Loss to Date: _____

Total Liens on the Case to Date: _____

Liability Insurance Carrier Name: _____

Liability Insurance Carrier Policy Limit: _____

Insurance Coverage Confirmed: **YES / NO**

Has the insurance company made any offers? **YES / NO** If so, how much? _____

Has the defendant admitted liability? **YES / NO**

Have you discussed this funding request with your attorney? **YES / NO**

Has your attorney approved the amount of funding requested? **YES / NO**

Brief description of the case:

PLEASE ATTACH THE FOLLOWING:

1. A copy of the accident report
2. A letter from the insurance carrier confirming coverage

250 N. Rock Road, Ste 100, Wichita, KS 67206
(214) 390-5567 phone/fax
customerservice@helpinghandscapital.com