

# Helping Hands Capital, LLC

## Request for Funding

Client/Requestor's Name: \_\_\_\_\_

Client/Requestor's Address: \_\_\_\_\_

Client/Requestor's City/State/Zip Code: \_\_\_\_\_

Attorney's Name:

Attorney's Address:

Attorney's City/State/Zip Code:

**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**

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