



# GALWAY

## LEGAL FUNDING

718-755-9432 | [GalwayLegalFunding@gmail.com](mailto:GalwayLegalFunding@gmail.com)

Date:

From:

Phone:

Email:

Number of pages including cover sheet:

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**Name of Client:**

**Address of Client:**

**Amount Requested:** \$

**Reason for Request:**

- |  |  |
|--|--|
| <input type="checkbox"/> Living Expenses (Rent/Utilities/Food, etc.) | <input type="checkbox"/> Repayment of Debt |
| <input type="checkbox"/> Medical Expenses                            | <input type="checkbox"/> Other             |

**Type of Case:**

- |  |                                    |                                    |
|--|------------------------------------|------------------------------------|
| <input type="checkbox"/> Car Accident        | <input type="checkbox"/> Trip/Fall | <input type="checkbox"/> Slip/fall |
| <input type="checkbox"/> Medical Malpractice | <input type="checkbox"/> Labor Law | <input type="checkbox"/> Other     |

**Insurance Carrier(s):**

**Coverage Amount(s):** \$

Enclosed are the Following (check all that apply): Please feel free to enclose whatever you think will expedite our evaluation!

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Police Report        | <input type="checkbox"/> Emergency Room Record | <input type="checkbox"/> Ambulance Call Report |
| <input type="checkbox"/> Accident Report      | <input type="checkbox"/> Narrative Report(s)   | <input type="checkbox"/> Operative Report(s)   |
| <input type="checkbox"/> Witness Statement(s) | <input type="checkbox"/> MRI/X-Ray Report(s)   | <input type="checkbox"/> Summons/Complaint     |
| <input type="checkbox"/> Bill Particulars     | <input type="checkbox"/> Other                 |  |

Name of Lawyer:

Law Firm:

Lawyer's Phone:

Lawyer's Email