



## APPLICATION INSTRUCTIONS

Please complete and submit the attached forms.

CHECK BOX WHEN COMPLETED

**1 Application**

Please complete all applicable information; signature and date.

**2 Credit Authorization Statement(s)**

Complete top section; signature and date. (one per partner, please make copies of form as needed)

**! Please note:**

For your convenience, you may choose to submit only the Application and Credit Authorization Statement. We will be able to begin the approval process with the information on these two forms. When needed, we will request the remaining forms.

**3 Confidential Attorney Financial Statement(s)**

Complete top section; all assets and liabilities; Schedules A through E; bottom section of Page 2; signature and date. (one per partner, please make copies of form as needed)

**4 Case List**

Please complete the attached spreadsheet and send via e-mail at [apply@counselin.com](mailto:apply@counselin.com). The case list should include: case name (plaintiff v. defendant); law firm name on retainer agreement; date retainer signed; name of co-counsel or referring attorney; venue; docket number (if filed); type of case & factual summary; Stage of case; outstanding disbursements; est. gross settlement; est. net legal fees; est. qtr. of settlement.

**5 In addition to the attached forms, please include the following documentation:\***

1. Copy of the firm's organizational documents (e.g. certificate of incorporation, partnership agreement, etc.).
2. Standard form of retainer agreement for the firm.
3. Copies of any co-counsel agreements.
4. Copy of any other loan or financing agreement involving the firm.
5. Declarations page from malpractice insurance for the firm.
6. Copies of individual and firm tax returns for current and previous three years (for each partner).
7. Profit and loss and balance sheet statements for current and previous three years.
8. List of aged accounts payable of the firm at latest available date.
9. Budget / projections for upcoming 24 months.
10. Copy of driver's license (for each partner).

\*Additional information (e.g., life insurance information) may be required.



**If you have any questions regarding this application, please feel free to call us at 1-866-522-0216.**



Full law firm name			Primary contact name		
Address		City or Town	State	Zip Code	Suite
Telephone		Fax	E-mail		

**Please answer the following questions:** (check boxes where applicable)

1. Our law firm is a:

- |                                       |  |  |
|---------------------------------------|--|--|
| <input type="checkbox"/> Corporation  | <input type="checkbox"/> Professional Corporation      | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Partnership  | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Sole Proprietorship       |
| <input type="checkbox"/> Other: _____ |  |  |

2. The firm has been in practice since \_\_\_\_\_ .

3. Number of employees:

- |                               |                |                |
|-------------------------------|----------------|----------------|
| ___ Partners / Members        | ___ Associates | ___ Paralegals |
| ___ Controllers / Bookkeepers | ___ Other      |                |

4. Description of practice areas: \_\_\_\_\_  
\_\_\_\_\_

5. Approximate number of cases the firm has pending: \_\_\_\_\_

6. Total amount of case costs advanced by the firm for its clients that remain outstanding:  
\$ \_\_\_\_\_

7. Approximate value of projected fee from the firm's case inventory: \$ \_\_\_\_\_

8. Does any other attorney or law firm have a financial interest in any of your cases?  No  Yes (please explain)

\_\_\_\_\_

9. Does the firm have either duly executed retainer agreements or an OCA filed for each of its cases?  No  Yes

10. Does the firm represent any clients in which the agreed upon contingent fee is less than one-third of the recovery (after deducting disbursements)?  No  Yes

11. Does the firm currently maintain a line of credit or other borrowing?  No  Yes (please complete below)

Financial institution name: \_\_\_\_\_ Amount outstanding: \$ \_\_\_\_\_

12. Amount of financing requested: \$ \_\_\_\_\_

13. Use of funds: \_\_\_\_\_  
\_\_\_\_\_

14. Do you, or does the firm, maintain any life insurance?  No  Yes (please complete below)

Amount of insurance: \$ \_\_\_\_\_ Name of beneficiary: \_\_\_\_\_

15. Are all partners / members of the firm in good standing?  No  Yes

(continued on next page)



**16. Does the firm or any partner or member currently have pending, or ever had any of the following filed by or against him/her/it:** (if yes, please explain)

- Judgment(s)                       No     Yes \_\_\_\_\_
- Tax liens/Open Tax Liability     No     Yes \_\_\_\_\_
- Lawsuit(s)                         No     Yes \_\_\_\_\_
- Bankruptcy                         No     Yes \_\_\_\_\_
- Other liens                         No     Yes \_\_\_\_\_

17. How did you hear about California Attorney Lending?     Internet     Direct Mail     Conference     Print Ad  
 Other: \_\_\_\_\_

I, \_\_\_\_\_, individually, and as \_\_\_\_\_ [Title] of \_\_\_\_\_ [Borrower] (the "firm"), hereby attest that I have reviewed any and all information, statements and/or documents, financial or otherwise, relating to the firm and/or myself (the "documents") and, after a reasonable and diligent inquiry and examination in accordance with the generally accepted professional standards and practice, have no reason to question or doubt the authenticity and accuracy of the documents or any of the underlying information used to create them. By my signature below, I verify that all of the information contained in the documents is true, complete and accurate, being fully aware that the California Attorney Lending II Inc. will rely upon its accuracy.

SIGN  
HERE

Signature of applicant	Date
Name of applicant (please print)	Title



Full law firm name			Primary contact name		
Address		City or Town	State	Zip Code	Suite
Telephone	Fax	E-mail			

Applicant name

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Home address (number; street; city or town; state; ZIP code) Apt.

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Date of birth	Social Security Number	Cell Phone
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This form authorizes the procurement of a consumer report (credit report) by California Attorney Lending II Inc.

In connection with this request, I authorize all credit agencies to release information they may have about the individual listed above, to the person or company with which this statement has been filed, or their agents.

This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.

I understand that I have the right to request additional disclosure as to the nature and scope of the credit review, upon written request, within a reasonable period of time.

California Attorney Lending II Inc. may rely upon the information contained in this application and the attachments in all respects.

**SIGN HERE**

Signature of applicant	Date
Name of applicant (please print)	Title

***Please complete one copy of this form for each partner.***

**!** For your convenience, you may choose to submit *only* the **Application** and **Credit Authorization Statement**. We will be able to begin the approval process with the information on these two forms. When needed, we will request the remaining forms.



Partner name \_\_\_\_\_

Home address (number; street; city or town; state; ZIP code) \_\_\_\_\_ Apt. \_\_\_\_\_

Date of birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

ASSETS	AMOUNT
Cash, Savings, CDs	
Marketable Securities (Schedule A)	
Retirement Plans	
Notes Receivable	
Cash Value of Life Insurance (Schedule B)	
Vehicles (year; make; model)	
Real Estate (Schedule C)	
Homestead	
Other	
Other Assets (please detail)	
<b>Total Assets</b>	

LIABILITIES	AMOUNT
Notes Payable (Schedule D)	
Secured	
Unsecured	
Credit Card Balances	
Taxes Payable	
Life Insurance Policy Loans	
Mortgages	
Homestead	
Other	
Contingent Liabilities (Schedule E)	
Other Liabilities (please detail)	
<b>Total Liabilities</b>	
<b>Net Worth</b> (assets less liabilities)	
<b>Total Liabilities &amp; Net Worth</b>	

**Schedule A**

**Stocks & Bonds**

NAME OF ISSUE AND TYPE OF SECURITY	WHERE TRADED	TOTAL VALUE	PLEDGED	REGISTERED IN NAME OF
			<input type="radio"/> No <input type="radio"/> Yes	
			<input type="radio"/> No <input type="radio"/> Yes	
			<input type="radio"/> No <input type="radio"/> Yes	

**Schedule B**

**Cash Value of Life Insurance**

COMPANY	POLICY #	FACE AMT.	CASH VALUE	POLICY LOANS	PLEDGED	BENEFICIARY
					<input type="radio"/> No <input type="radio"/> Yes	
					<input type="radio"/> No <input type="radio"/> Yes	
					<input type="radio"/> No <input type="radio"/> Yes	

(continued on next page)



**Schedule C**

**Real Estate**

LOCATION	PRESENT VALUE	MONTHLY INCOME*	NAME ON TITLE	CREDITOR	OUTSTANDING BALANCE

\*If applicable

**Schedule D**

**Notes Payable**

LENDER	ORIGINAL AMOUNT	PRESENT BALANCE	MATURITY	INTEREST RATE	COLLATERAL

**Schedule E**

**Contingent Liabilities**

OTHER COMPANIES YOU HAVE AN EQUITY INTEREST IN	CURRENT INDEBTEDNESS OF ENTITY

**Do you currently, or have you ever had:** (if yes, please explain)

- Judgment(s)  No  Yes \_\_\_\_\_
- Tax liens  No  Yes \_\_\_\_\_
- Pending lawsuits  No  Yes \_\_\_\_\_
- Bankruptcy  No  Yes \_\_\_\_\_
- Other liens  No  Yes \_\_\_\_\_
- Alimony / child support / property settlement obligations  No  Yes \_\_\_\_\_

Please list the jurisdictions in which you are licensed to practice: \_\_\_\_\_

I, \_\_\_\_\_, hereby attest that I have reviewed the foregoing personal financial statement and, after a reasonable and diligent inquiry and examination in accordance with the generally accepted professional standards and practice, have no reason to question or doubt the authenticity and accuracy of the underlying documents or financial information used to create said financial statement. By my signature below, I verify that all of the information contained herein is true, complete and accurate, being fully aware that California Attorney Lending II Inc. will rely upon the accuracy of this financial statement and all other related financial documentation that is provided.

SIGN HERE

Signature of applicant	Date
Name of applicant (please print)	Title

*Please complete one copy of this form for each partner.*