



COUNSELOR CAPITAL

Putting the Financial Pieces Together

Law Firm Funding Application

Law firm name _____ Contact name _____

Address (number; street; 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:

- Corporation
- Partnership
- Other: _____
- Professional Corporation
- Limited Liability Partnership
- Limited Liability Company
- Sole Proprietorship

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 pending: _____

6. Approximate amount of outstanding disbursements: \$ _____

7. Approximate amount of total contingent fees due to law firm: \$ _____

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 law firm, maintain any life insurance? No Yes (please complete below)

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

15. Is the law firm currently the defendant in any lawsuit? No Yes (please explain)

16. Has the law firm, any partner or member ever declared bankruptcy? No Yes

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

18. How did you hear about Counsel Financial Services? Internet Direct Mail Conference Print Ad

Other: _____

SIGN HERE

Signature of applicant

Date

Name of applicant (please print)



COUNSELOR CAPITAL

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Credit Authorization Statement

Putting the Financial Pieces Together

Law firm name		Contact name	
Address (number; street; city or town; state; ZIP code)		Suite	
Telephone	Fax	E-mail	
Applicant name			
Home address (number; street; city or town; state; ZIP code)			Apt.
Date of birth	Social Security Number		

This form authorizes the procurement of a consumer report (credit report) by **Counselor Capital**

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.

Counselor Capital may rely upon the information contained in this application the attachments in all respects.

SIGN HERE	Signature of applicant	Date
	Name of applicant (please print)	

Please complete one copy of this form for each partner.



For your convenience, you may choose to submit *only* the Law Firm Funding 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.



COUNSELOR CAPITAL

Putting the Financial Pieces Together

Partner name

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

Apt.

Date of birth

Social Security Number

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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)	
Total Assets	

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

Schedule A

Stocks & Bonds

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

Schedule B

Cash Value of Life Insurance

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



COUNSELOR CAPITAL

Putting the Financial Pieces Together

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: _____

**SIGN
HERE** ▶

Signature of applicant

Date

_____|_____|_____|_____

Name of applicant (please print)

Please complete one copy of this form for each partner.



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Law firm name _____ Contact name _____

Address (number; street; city or town; state; ZIP code) _____ Suite _____

Telephone _____ Fax _____ E-mail _____

ASSETS	AMOUNT
Cash	
Cash - IOLTA	
Fees Receivable	
Client Expenses Receivable	
(other)	
(other)	
CURRENT ASSETS	

Due from Equity Holder	
Real Estate	
Leasehold Improvements	
Fixed Assets (Schedule A)	
Depreciation	
(other)	
(other)	
NET FIXED ASSETS	

TOTAL ASSETS	
---------------------	--

Accounts Receivable (due within)		AMOUNT
30 days		
60 days		
90 days		
120 days		

Contingent Accounts Receivable (expected within)		AMOUNT
30 days		
60 days		
90 days		
120 days		
6-12 months		
over 12 months		

LIABILITIES	AMOUNT
Accounts Payable (case costs)	
Accounts Payable (other)	
Accrued Liabilities	
Client Trust Liability	
Notes Payable (other)	
Bank Loans (Schedule B)	
Bank Lines of Credit (Schedule B)	
CURRENT LIABILITIES	

Long-term Debt	
Due to Equity Holder	
(other)	
LONG-TERM LIABILITIES	

TOTAL LIABILITIES	
--------------------------	--

Stock	
New Paid-in Capital	
Equity Holder Distributions (Schedule C)	
YTD Profit / Loss	
Retained Earnings	
TOTAL EQUITY	

TOTAL LIABILITY & EQUITY	
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Schedule A

Fixed Assets (equipment, furnishings, etc.)



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Schedule B

Bank Loans / Lines of Credit

LENDER	ORIGINAL AMOUNT	PRESENT BALANCE	MATURITY	INTEREST RATE	COLLATERAL / GUARANTEES	TO BE PAID AT CLOSING?
						<input type="checkbox"/> No <input type="checkbox"/> Yes
						<input type="checkbox"/> No <input type="checkbox"/> Yes
						<input type="checkbox"/> No <input type="checkbox"/> Yes
						<input type="checkbox"/> No <input type="checkbox"/> Yes

Schedule C

Partner Distributions

NAME OF PARTNER	AMOUNT

Does the law firm currently have, or ever had pending: (if yes, please explain)

Judgment(s)	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
Tax liens	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
Pending lawsuits	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
Bankruptcy	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
Other liens	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes

**SIGN
HERE**

Signature of applicant

Date

Name of applicant (please print)