



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 to 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 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 1-800-420-4430.



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:

- Corporation
 Professional Corporation
 Limited Liability Company
 Partnership
 Limited Liability Partnership
 Sole Proprietorship
 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 fees 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 Counsel Financial? 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 Counsel Financial II LLC 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					
Home address (number; street; city or town; state; ZIP code)					Apt.
Date of birth	Social Security Number		Cell Phone		

This form authorizes the procurement of a consumer report (credit report) by Counsel Financial II LLC.

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.

Counsel Financial II LLC 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	LIABILITIES	AMOUNT
Cash, Savings, CDs		Notes Payable (Schedule D)	
Marketable Securities (Schedule A)		Secured	
Retirement Plans		Unsecured	
Notes Receivable		Credit Card Balances	
Cash Value of Life Insurance (Schedule B)		Taxes Payable	
Vehicles (year; make; model)		Life Insurance Policy Loans	
		Mortgages	
		Homestead	
		Other	
Real Estate (Schedule C)		Contingent Liabilities (Schedule E)	
Homestead			
Other		Other Liabilities (please detail)	
Other Assets (please detail)			
Total Assets		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="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	PLEGDED	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 Counsel Financial II LLC 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.