



COUNSELOR CAPITAL

P.O. Box 1056
Richmond, KY 40476
Toll-free: 800-410-0656
Fax: 888-600-4068
www.counselorcapital.com

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:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Professional Corporation	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Limited Liability Partnership
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 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 reimbursements)? 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. Does the firm have malpractice insurance? No Yes
Carrier: _____ Policy limits: _____
19. How did you hear about Counselor Capital, LLC? Internet Direct Mail Conference Print Ad
20. Other: _____

Signature of applicant

Date

Name of applicant (please print)



"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

Date of birth Social security number

This form authorizes the procurement of a credit report by Counselor Capital, LLC. In connection with this request, I authorize all credit agencies to release information they may have about the individual listed above, to the 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, LLC may rely upon the information contained in this application and the attachments in all respects.

Signature of applicant

Date

Name of applicant (please print)

Please complete one copy of this form for each partner.

Schedule C – Real Estate

Location	Present Value	Monthly Income	Name on Title	Creditor	Outstanding Balance

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	Ownership percentage	Current indebtedness of entity

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

Judgments	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: _____

Signature of applicant

Date

Name of applicant (please print)

Please complete one copy of this form for each partner/member

