CONTACT INFORMATION

NAME OF LAW FIRM

PHONE   FAX

STREET ADDRESS

CITY   STATE

ZIP   TYPE OF BUSINESS

                                                  Corporation

                                                  Partnership

                                                  Sole Proprietorship

                                                  Other

PERSON TO CONTACT

NAME   TITLE / POSITION

EMAIL

ABOUT THE LAW FIRM

NUMBER OF YEARS IN PRACTICE

1 - 3 Years

4 - 10 Years

More than 10 Years

NUMBER OF ATTORNEYS / SHAREHOLDER ATTORNEYS   NUMBER OF ASSOCIATE ATORNEYS

NUMBER OF PARALEGALS   NUMBER OF OTHER EMPLOYEES

Please answer as completely as you are able. While this information is not necessary for the initial application request... we do require the following details during the law firm loan review / approval process. Thanks in advance!!!

	NO	YES
Is the law firm currently involved as a defendant in any lawsuit?		
Has the law firm / partner / shareholder of the firm ever declared bankruptcy?		
Has any member of the firm been suspended or disciplined by the bar?		
Does any other attorney or law firm have a financial interest in any of your cases?		
Do the partners of the firm maintain key person life insurance?		
* Has the law firm pledged its accounts to secure any borrowings? IF YES SEE BELOW		

* If **YES** Name of FINANCIAL INSTITUTION   AMOUNT OUTSTANDING

FINANCIAL SNAPSHOT

FIRMS TOTAL FEE INCOME - 2014 YTD

FIRMS TOTAL FEE INCOME - 2013

FIRMS TOTAL FEE INCOME 2012

FIRMS TOTAL FEE INCOME 2011

TOTAL CASE DEVELOPMENT COSTS   CASES PENDING

TOTAL PROJECTED VALUE OF CASE INVENTORY   AMOUNT REQUESTING

I AGREE:

*This form has been executed by all partners / members / shareholders of the firm. Prompt notice will be given to Amicus Capital Services, LLC regarding any change with respect to any of the foregoing information and, until such notice is delivered to Amicus Capital Services, LLC may rely upon the information contained in this application and attachments in all respects. ***

AMICUS CAPITAL SERVICES, LLC • PHONE (661) 263-0030 • FAX (661) 263-2319 • SEND EMAIL