



# Mass Tort Funds Application for Sale of Personal Injury Claim Proceeds

### Claimant Information

Name: \_\_\_\_\_  
AKA: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Social Security No: \_\_\_\_\_  
Marital Status: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Home #: \_\_\_\_\_  
Cell #: \_\_\_\_\_  
Email: \_\_\_\_\_

### Plaintiff's Counsel

Attorney Name: \_\_\_\_\_  
Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Office#: \_\_\_\_\_

Email: \_\_\_\_\_

### Case Information

Case Type: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Medical Liens: \_\_\_\_\_  
Other Liens (DPW, Child Support, Workers Comp, Other): \_\_\_\_\_  
Prior Advances: \_\_\_\_\_  
Prior Advance Company: \_\_\_\_\_  
New Advance Amount Requested: \_\_\_\_\_  
Settlement Amount: \_\_\_\_\_  
Date Settled/Net Proceeds: \_\_\_\_\_  
Est Disbursement Date: \_\_\_\_\_

I understand that the information contained herein is being relied upon by **Mass Tort Funds, US Claims OPCO LLC, and their representatives** and other entities. It is complete and accurate in all material respects. With submission of this application, I hereby certify that the foregoing statements are true. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment. I am aware that the information contained herein is incorporated by reference into the Assignment Documents and that submission of this application constitutes authorization to send to outside sources. I understand that by signing the Assignment Documents I am also certifying the contents of this Application without the need for independently executing this document.

I hereby authorize my attorney and any other person including, without limitation, the third party administrator to release any and all information concerning my claims to Mass Tort Funds, and its representatives, including US Claims. This authorization includes any confidential health information or other personally identifiable information concerning me. I hereby waive any and all claims concerning the release of such information to Mass Tort Funds, LLC, US Claims or any of its affiliates, successors or assigns.

\_\_\_\_\_  
Claimant Signature