



# INJURYFUNDSNOW

Cash Advances for Injured Clients

**Injury Funds Now, LLC**  
450 Alton Road, Suite 1908  
Miami Beach, Florida 33139

866-68-FUNDS (toll free)  
info@injuryfundsnow.com

\_\_\_\_\_  
(Your Attorney's Name)

\_\_\_\_\_  
(Name of Law Firm)

VIA FACSIMILE: \_\_\_\_\_  
(Fax Number of Law Firm)

**RE:** \_\_\_\_\_  
(your name)

## AUTHORIZATION FOR RELEASE OF INFORMATION

Dear \_\_\_\_\_,  
(name of attorney)

I hereby authorize and direct you to release to a representative of Injury Funds Now, LLC, any portion of my file related to your representation of me for injuries sustained on or about \_\_\_\_\_.  
(date of accident)

I acknowledge that I understand the benefits of non-recourse funding. I further acknowledge I understand the effects of disclosing the contents of my file, including waiver of the attorney-client and work product privileges.

Thank you in advance for your cooperation.

Sincerely,

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(print name)

DATE: \_\_\_\_\_, 2010