

ASSIGNMENT SCHEDULE

By

To

COUNSEL CAPITAL LLC (CCL)

Case Number	County	State	Disposition Date	Defendant Last Name	Judge	Amount
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Fee for funding above case(s) calculated as follows:

- (i) 0.0015 per day of VT for each of first 60 days;
- (ii) 0.0008 per day of VT from day 61 thru day 180;
- (iii) 0.0018 per day of VT from day 181.

Voucher Total
VT

I, the undersigned Assignor, hereby state that I am in good professional standing, that the above claim(s) is true and correct and being due and is not a duplication of charges and expenses in any companion (or otherwise) case. Also, I hereby state that all claims and supporting documentation have been filed with the appropriate court/clerk or will be filed within 24 hours with the appropriate court/clerk after executing this Assignment Schedule request to CCL.

Also, I hereby state that all of my previously advanced cases/fee declarations that I have submitted to CCL in the past have been fully completed and properly filed with the appropriate court/clerk and that there are no outstanding "return notices" or supplemental information required for payment by the government.

I have not received any payments from any paying government entity for any of the above or previously advanced cases/fee declarations funded by CCL that were not forwarded to CCL.

By my signing below, I further declare and certify on behalf of my firm, joint assignors, and myself, that I have read, understand, accept, agree, and am personally and professionally bound by the terms and conditions of the fee agreement/contract as posted this day on the website of www.counselcapitalllc.com and hereby incorporate the posted agreement/contract as if attached to this affidavit/schedule.

Should I receive funds from any government entity in payment of the above styled cases or any previously advanced cases funded by CCL, then I will immediately forward the original check/payment to CCL for distribution.

Further, I understand that the calculation of fees are based on the Voucher Total and not the amount of funding advanced. A facsimile of this affidavit/schedule has the same effect as the original.

Assignor:

On behalf of myself, firm, & joint assignors.

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public

CCL Approval: _____

CUSTOMER PLEASE SELECT ONE

PREFERRED METHOD OF PAYMENT:

- Regular Mail Wire Transfer Overnight Delivery

FOR CCL USE ONLY

Funding Date		
Funding Amount	_____ %	
Reserve	_____ %	

Wired \$ _____ on ____/____/____
 _____ service charge
 _____ applied to account
 [See enclosure(s)]