



Assistance Request Form

Part I – Applicant Information

Name:

Date of birth:

Phone:

Current address:

City:

State:

ZIP Code:

Current mailing address: (If different than above)

City:

State:

ZIP Code:

Email address:

Part II – Personal Loss

Please describe the incident that led to your injury:

Please describe the assistance you need from our organization:

Part III – Health Insurance

Did you have health insurance at the time of your injury: YES NO

Part IV – Vehicle Insurance

Did you have vehicle insurance at the time of your injury: YES NO

Did the offender have vehicle insurance: YES NO

Was a claim filed: YES NO

If yes, what is the status of the claim:

Do you expect any compensation from either your or the offender's insurance policy, and if so, how much:

Part V – Supplemental Insurance

Is there any supplemental insurance coverage related to your accident: YES NO

If yes, do you expect any compensation from this insurance policy, and if so, how much:

Part VI – Income

Current employer:

Position:

Annual income:

Do you have any other household income: YES NO

If yes, please list all other sources and amounts of income: (use an additional page if necessary)

Have you received financial assistance related to this incident from any other source: YES NO

If yes, please list all other sources and amounts of income: (use an additional page if necessary)

Part VII – Legal Issues

Have you or your insurance company sued or plan to sue the offender: YES NO

If yes, please describe the current status of the case:

If possible, please provide the following:

Case number:

Court the case has been filed in:

I certify that all information provided is true and accurate, acknowledging that any misinformation may nullify this application and all benefits related.

Signature of applicant:

Date:

How to Submit the Application

To Submit by Email:

Scan and send the completed application along with any supporting documents to recovery@driveclear.org

To Submit by Mail:

Send the completed application along with any supporting documents to:

Drive Clear
5807 Verde View Rd.
Fitchburg, WI 53711