

WHITEHAVEN FUNDING
350 Fifth Avenue, Suite 7415
New York, NY 10118
Phone: 212-375-2900, 1-800-951-0025
Fax: 212-375-2904

1. Please print:

Last Name _____ First Name _____ Middle Initial _____

Street Address _____

City _____ State/Province _____ ZIP _____ Country _____

Home Phone _____ Cell Phone _____ Fax Phones _____

S. S. Number _____ Date Of Birth _____

Email Address _____

2. Attorney Information:

Firm Name _____

Street Address _____

City _____ State/Province _____ ZIP/Postal Code _____

Last Name _____ First Name _____

Phone _____ Fax Phones _____

3. Accident Information:

Write a brief description of how the accident occurred, be sure to include the location of the accident. The more details given, the faster your case will be evaluated.

Select the appropriate "Accident Type". If there is no matching category, please select "Other".

- | | |
|--|--|
| <input type="checkbox"/> Slip and Fall | <input type="checkbox"/> Product Liability |
| <input type="checkbox"/> Motor Vehicle | <input type="checkbox"/> Other |
| <input type="checkbox"/> Medical Malpractice | <input type="checkbox"/> Wrongful Termination |
| <input type="checkbox"/> Wrongful Death | <input type="checkbox"/> Wrongful Discrimination |
| <input type="checkbox"/> Labor Law | <input type="checkbox"/> Workmens Comp |
| <input type="checkbox"/> Ceiling Collapse | <input type="checkbox"/> Sexual Harrasment |
| <input type="checkbox"/> Police Brut. / False Imprison | <input type="checkbox"/> Personal Injury |

Please enter the date of the accident.

Describe any resulting injuries in detail. Mention all resulting medical problems caused by the accident.

If surgery was a result of the accident, fill in all relevant details of the surgery, including dates.

If you were treated in a hospital as a result of the accident, please fill in the length of stay and dates.

If any kind of therapy was a result of the accident, please fill in the length and frequency of therapy.

If work was missed as a result of the accident, please fill in the length and type of work missed.

Yes No

Amount of Work Missed :

When :

Returned to Work

When :

Type of Work :

Requested Amount :

Sign Name :
