

CLIENT INFORMATION INTAKE

This is my roadmap to your case. This is where I look when I need a piece of general information about one of my client's cases. The information requested might be applicable to you or it might not, depending upon what happened to you, whether we can settle your claim, or we have to file a lawsuit on your behalf. Unfortunately, with any form made to get information from clients in general, as opposed to a specific interview, you are going to have some blanks that simply don't apply to you. I would ask that you fill out this intake form as completely as possible. If you need additional room for your answer, please write on the back page or add additional pages for notes. Thank you for your time in completing this form to the best of your ability.

TODAY'S DATE: _____
 TYPE OF CASE: _____
 REFERRAL ATTY: _____
 DATE OF LOSS: _____

STATUTE OF LIMITATIONS

PERSONAL INJURY / AUTO COLLISION INTAKE

CLIENT'S FULL NAME	
PRESENT ADDRESS	
HOME TELEPHONE	()
CELL/MOBILE PHONE	()
DATE OF BIRTH	SOCIAL SECURITY #: - -
DRIVER'S LICENSE NUMBER	
PRESENT EMPLOYER	
WORK ADDRESS	
WORK TELEPHONE	()
POSITION	RATE OF PAY:
IMMEDIATE SUPERVISOR	
NAME OF SOMEONE WHO WILL ALWAYS BE ABLE TO CONTACT YOU [Note: Please provide someone's name who does not reside with you]	
THEIR ADDRESS	
THEIR TELEPHONE NUMBER	()

PERSONAL INFORMATION

PLEASE LIST ALL NAMES THE NAMES YOU HAVE EVER USED	
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[Include maiden name(s)]	
PLEASE LIST WHY YOU HAVE USED THE NAMES	
MARITAL STATUS	Married _____ Single _____ Divorced _____ Separated _____ Widowed _____
SPOUSE'S FULL NAME	
SPOUSE'S DATE OF BIRTH	SSN: _____
DATE OF MARRIAGE	PLACE: _____

EDUCATION

HIGHEST GRADE	COLLEGE:
COURSES	
OTHER TRAINING/Special Skills	

WORK HISTORY

ON DATE OF INJURY, WHERE WERE YOU EMPLOYED?	
WAGES	\$ _____ PER HR. HOURS PER DAY: _____ DAYS PER WEEK: _____
LENGTH OF EMPLOYMENT	TYPE OF WORK: _____
REASON FOR LEAVING	
LAST JOB BEFORE INJURY, IF NOT EMPLOYED AT INJ. DATE	
WAGES	\$ _____ PER HR. HOURS PER DAY: _____ DAYS PER WEEK: _____
REASON FOR LEAVING	
EMPLOYER AFTER INJURY	
ADDRESS/PHONE	()
LENGTH OF EMPLOYMENT	TYPE OF WORK: _____
WAGES	\$ _____ PER HR. HOURS PER DAY: _____ DAYS PER WEEK: _____
REASON FOR LEAVING	

ACCIDENT INFORMATION

DATE OF ACCIDENT	TIME:
WHERE SPECIFICALLY DID THE ACCIDENT OCCUR?	
POLICE AGENCY	REPORT NO.:
DESCRIPTION OF ACCIDENT (specify what did you slip or trip on	

and where did it come from)	
WERE PHOTOS TAKEN?	YES ____ NO ____ DATE OBTAINED:
WHO TOOK THE PHOTOS?	PHONE NO.: ()
ADDRESS	
STATEMENT GIVEN?	YES ____ NO ____ TO WHOM?
WITNESSES [LIST NAMES, ADDRESSES AND PHONE NO]	1. ()
	2. ()
	3. ()
ANY ADDITIONAL NAMES	

CLIENT'S VEHICLE: DRIVER: _____
PASSENGER: _____
YEAR & MAKE OF VEHICLE: _____
LICENSE PLATE NO.: _____ COLOR: _____
DAMAGE TO VEHICLE: _____
INSURANCE CARRIER NAME: _____
POLICY NUMBER: _____ PHONE: _____
ADDRESS: _____
WHAT TYPE OF COVERAGE? PIP? YES ___ NO ___ UM/UIM? YES ___ NO ___

PASSENGER INS. (IF NOT OWNER OR DRIVER OF VEHICLE YOU WERE IN:

NAME OF INSURANCE CO.: _____
ADDRESS: _____
ADJUSTER'S NAME: _____
PHONE NO.: _____ CLAIM NO.: _____
AGENT'S NAME/PHONE NO.: _____

ADVERSE DRIVER: _____
YEAR & MAKE OF AUTO: _____
LICENSE PLATE NO.: _____ COLOR: _____
DAMAGE TO VEHICLE: _____
INSURANCE CARRIER NAME: _____
POLICY NUMBER: _____ PHONE: _____
ADDRESS: _____

.....
DID ANYONE GET A TICKER FOR THE ACCIDENT? _____

.....
MEDICAL TREATMENT INJURY

DESCRIPTION OF INJURY	
TREATED BY EMS?	YES _____ NO _____ ER / HOSPITAL? YES _____ NO _____
NAME OF HOSPITAL	

ADDITIONAL MEDICAL TREATMENT

(Include all doctors and other healthcare providers of any type that have treated you. Use additional paper if necessary.)

NAME OF DOCTOR	
ADDRESS	
DATE SEEN	
TREATMENT	

NAME OF DOCTOR	
ADDRESS	
DATE SEEN	
TREATMENT	

NAME OF DOCTOR	
ADDRESS	
DATE SEEN	
TREATMENT	

NAME OF DOCTOR	
ADDRESS	

DATE SEEN	
TREATMENT	

NAME OF DOCTOR	
ADDRESS	
DATE SEEN	
TREATMENT	

WERE X-RAYS TAKEN?	YES _____ NO _____ WHERE?
WAS MRI PERFORMED	YES _____ NO _____ WHERE?
WAS SURGERY PERFORMED	YES _____ NO _____ WHERE?
(Please describe any surgery)	
LIST MEDICATIONS	
DO YOU HAVE HEALTH OR ACCIDENT INSURANCE?	YES _____ NO _____
IF YES, NAME AND ADDRESS (look on back of insurance card)	

OTHER EXPENSES

EXTRA EXPENSES, SUCH AS DOMESTIC HELP, NURSE OR OTHER HELP	

NAME OF PERSON/AGENCY	
ADDRESS	
COST	
ANY OTHER EXPENSES WITH REFERENCE TO INJURIES?	

CRIMINAL RECORD

NOTE – In litigation, the adverse can ask about arrests and criminal convictions. Only certain convictions are admissible at time of trial. One basis for admissibility, however is if the party does not truthfully answer discovery questions about prior criminal records no matter how remote in time such convictions may be.

PRIOR ARRESTS	YES	NO
PRIOR CONVICTIONS	YES	NO
WHAT FOR?		

PRIOR LAWSUITS

Note – This includes all lawsuits including but not limited to personal injury claims, on the job injuries, worker's compensation claim lawsuits, bankruptcies and divorces. Each of these type matters can affect your current case depending upon the facts of the matters involved.

ANY PRIOR LAWSUITS?	
EXPLAIN	

LOST WAGE INFORMATION

DID YOU MISS TIME FROM WORK?	YES ____ NO ____ HOW MUCH?
GROSS PAY	\$ _____ AMOUNT OF WAGES LOST:
EMPLOYER & PHONE #	()
IMMEDIATE SUPERVISOR	

PREVIOUS PERSONAL INJURY CLAIMS (ALL TYPES)

DATE:	LOCATION:
DESCRIPTION OF INJURIES	
ATTORNEY	
DISPOSITION	

DATE:	LOCATION:
DESCRIPTION OF INJURIES	
ATTORNEY	
DISPOSITION	

DATE:	LOCATION:
DESCRIPTION OF INJURIES	
ATTORNEY	
DISPOSITION	

PRIOR WORKERS' COMPENSATION CLAIMS

WHEN?	WHERE?
WHAT INJURIES?	
ATTORNEY	
INSURANCE COMPANY	
EMPLOYER	
DISPOSITION	SETTLED _____ PENDING _____

WHEN?	WHERE?
WHAT INJURIES?	

ATTORNEY	
INSURANCE COMPANY	
EMPLOYER	
DISPOSITION	SETTLED _____ PENDING _____

MISCELLANEOUS

HAVE YOU BEEN IN AN AUTO ACCIDENT BUT SUSTAINED NO INJURIES?	YES _____ NO _____ WHEN? WHERE?
ACTIVITIES	LIST ALL USUAL ACTIVITIES NOT ABLE TO PERFORM OR CAN ONLY PERFORM WITH DIFFICULTY SINCE THE ACCIDENT:
HAVE YOU HAD A PRIOR INJURY TO YOUR PRESENTLY INJURED BODY AREA?	YES _____ NO _____
WHEN?	WHERE?
DESCRIBE THE INJURIES	
IS THERE ANYTHING YOU WOULD LIKE TO ADD REGARDING THIS ACCIDENT OR YOUR INJURIES?	

THANK YOU.