

PERSONAL INJURY INTAKE FORM

PERSONAL INFORMATION:

CLIENT NAME: _____ HOME PHONE: _____

ADDRESS: _____ WORK PHONE: _____

SSN: _____

MARITAL STATUS: _____ NUMBER OF CHILDREN: _____

IF MARRIED, SPOUSE'S NAME: _____

ACCIDENT INFORMATION:

On what date did your injury occur? _____

Where did your injury occur? City: _____ State: _____

How did your injury occur? _____

- | | |
|---|---|
| <input type="checkbox"/> Aircraft accident | <input type="checkbox"/> Medical malpractice |
| <input type="checkbox"/> Animal bite or attack | <input type="checkbox"/> Motor vehicle accident |
| <input type="checkbox"/> Assault and battery | <input type="checkbox"/> Slip or trip and fall |
| <input type="checkbox"/> Defective premises | <input type="checkbox"/> Water-related accident |
| <input type="checkbox"/> Defective product | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Police negligence or abuse | |

Describe how your injury occurred.

Who do you believe caused or is responsible for your injury, and why?

Describe your injury(ies).

List all doctors and other health care providers who have treated your injuries, including their names, addresses, and telephone numbers.

Total medical expenses incurred to date for your injuries: \$_____

Total medical expenses you expect to incur in the future: \$ _____

List the names, addresses, and telephone numbers of all insurance companies that may be involved (including, as applicable, automobile insurer, health insurer, disability insurer, homeowner's insurer, etc.).

Have you lost income due to your injuries? Yes ___ No ___

If yes, amount of lost income \$ _____

Income before injury \$ _____ per _____

Income after injury \$ _____ per _____

EMPLOYMENT INFORMATION:

Employer _____

Position _____

Employer's address _____

Employer's telephone number (_____) _____ - _____

Are you currently working? Yes ___ No ___

Expect to return to work on ___/___/___

Will not return to work ____

Are you in pain? If so, describe:

ADDITIONAL INFORMATION:

Describe any other ways in which your life has changed as a result of your injuries. (For example, you are no longer able to engage in athletic activities, your appearance has changed, you cannot care for your children, etc.)

If married, has your spouse experienced any losses as a result of your injury? If so, describe.

List the names, addresses, and phone numbers of any possible witnesses in your case:

Have you previously consulted an attorney regarding your case?

Yes ____ No ____

If yes, provide the attorney's name(s), the firm name(s), the address(es), and the telephone number(s).

Is your relationship with the attorney ongoing?

Yes ____ No ____

Has an attorney declined to represent you in this matter?

Yes ____ No ____

If yes, why?

Questions you have about your case:
