



THE POLIQUIN FIRM, LLC.

Ronald G. Poliquin, Esq. Attorney at law
1475 S. Governors Ave.
Dover, Delaware 19904
Phone (302)-702-5501, Fax (302)-213-0042
Email Ron@PoliquinFirm.com
WWW.DOVERLAWOFFICE.COM

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? _____

Aircraft accident

Medical malpractice

Animal bite or attack

Motor vehicle accident

Assault and battery

Slip or trip and fall

Defective premises

Water-related accident

Defective product

Other _____

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:
