

**CLIENT INFORMATION REPORT
(PERSONAL INJURY)**

INJURED PARTY:

Name: _____
Residence Address: _____

Telephone: _____
Social Security: _____
Date of Birth: _____
Employer: _____
Address: _____

Telephone: Home: _____ Work: _____
Cell: _____

IF INJURED PARTY IS A MINOR:

Father's Name: _____
Address/Telephone: _____

Mother's Name: _____
Address/Telephone: _____

Custody with: Father ____ Mother ____ Other ____

*****If more than one person was injured, please attach information for each injured party.**

Further, please bring to your appointment any pertinent reports (i.e. police, incident, or medical reports) and any other relevant information to your case.

CLIENT REFERRED BY _____

INJURY

Date of Injury _____
Time of day _____
Day of Week _____
Location _____
Weather Conditions _____

PERSON(S) WHO CAUSED YOUR INJURY

(Indicate Name, Address, Telephone, if known, and Name of Employer, if known. Continue on reverse side if necessary).

1. _____

2. _____

3. _____

WITNESSES TO ACCIDENT:

(Indicate Name, Address and Telephone, if known. Continue on reverse side if necessary).

1. _____

2. _____

3. _____

GENERAL DESCRIPTION OF WHAT HAPPENED

ACCIDENT REPORTS

Police Report: Yes: ___ No: ___ Agency: _____

Dr. _____

Other Reports? (Indicate type and to whom) _____

YOUR INSURANCE:

Policy #: _____

Company Name, Address & Telephone: _____

Agent: Name & Telephone): _____

Insurance Claim/Report Made? (Indicate When and Substance of Claim/Report: _____

(Continue on reverse with other insurance; e.g., health/disability if applicable)

PERSONAL HISTORY

Marital Status:

Single: ___ Married ___

Spouse's Name, Date of Birth, Occupation _____

Prior Marriages? _____ Former Spouse(s)'s Names: _____

Military Service? _____ Nature of Military Discharge: _____

Children: (Indicate Name, Age, Whether Claimed as Dependent)

Other Dependents:

1. _____

2. _____

3. _____

Do you receive public assistance (AFDC, etc.) benefits? (If yes, indicate type and amount).

Your educational and vocational training: _____

EMPLOYMENT

Occupation/Position: _____
Employer (Name, Address, Telephone); if self-employed, so
Indicate: _____

Beginning date of employment: _____
Rate of regular pay: _____ Gross: _____ Net: _____

Other employment compensation:
Bonuses: _____
Health Insurance: _____
Vacation Pay/Policy _____
Pension/Profit Sharing _____
Other: _____

Dates lost from work because of this injury:
From: _____ To: _____
Total amount of employment compensation lost _____

DAMAGES FROM THIS ACCIDENT:

Other than personal injury (including card if a vehicle accident):

Medical

Type of injury (Describe your condition fully): _____

Hospital(s) where treated (indicate Name, Address, Telephone, Dates of Admission and Release, and Amount of Charges. (Attach Bill if available):

Doctors seen for diagnosis/treatment (indicate Name, Address, Telephone, Dates and Amount of Charges: Attach bills if available).

Any insurance or compensation benefits paid? Yes ____ No ____

By whom/For what? _____

Dates; _____ Amount: _____

Other special damages (e.g., for ambulance, prosthetic devices, Medicines, therapists, private nurses, extra household help, Transportation, car rental). (Indicate who whom paid, Address, Dates, Amount of Charges. Attach bills if available).

DEFENDANT INSURANCE (If known): (Complete whether or not an accident claim).

Insurer (Indicate Name, Address & Telephone): _____

Policy # _____

Have you filed any reports with or made any statements to defendant's insurer? If yes, Indicate date(s) and substance of report/statement(s):

Insurance Representative handling your claim: _____



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IF YOUR CLAIM ARISES FROM AN AUTO ACCIDENT, COMPLETE
THE FOLLOWING:

YOUR VEHICLE INFORMATION

MAKE: _____ MODEL _____ YEAR _____ COLOR _____
LICENSE # _____ DRIVER'S LICENSE # _____

REGISTERED OWNER (Indicate Name, Address and Telephone):

LEGAL OWNER (Indicate Name, Address and Telephone)

WHO WAS DRIVING? (Indicate Name, Address, Telephone, Age, Driver's License #,
and Relationship to Legal Owner) _____

DAMAGE TO VEHICLE (Also indicate whether Damage repaired, Repair Cost or
Estimate, Date of Repair): _____

DEFENDANT VEHICLE INFORMATION

MAKE: _____ MODEL _____ YEAR _____ COLOR _____
LICENSE # _____ DRIVER'S LICENSE # _____

REGISTERED OWNER (Indicate Name, Address and Telephone):

LEGAL OWNER (Indicate Name, Address and Telephone)

WHO WAS DRIVING? (Indicate Name, Address, Telephone, Age, Driver's License #,
and Relationship to Legal Owner) _____

DAMAGE TO VEHICLE (Also indicate whether Damage repaired, Repair Cost or Estimate, Date of Repair): _____



YOUR ILLNESS/ACCIDENT/LITIGATION HISTORY

Major illnesses to date: _____

Hospitalizations to date (Indicate dates, name of hospital, and reason):

Prior accidents causing injury to you (include dates):

Prior injury or property damage claims and/or lawsuits (Indicate dates and how claim(s) or lawsuit(s) resolved)

