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INJURY

INTAKE QUESTIONNAIRE

Life for an injury victim often times becomes much more difficult after the injury. Not only does the victim suffer physically (and possibly mentally) as a result of an injury, but now the victim or a representative must deal with doctors, insurance companies and possibly attorneys. Each will require the victim or a representative to provide them with documentation. If you are the person providing the documentation, filling in the form below will prepare you for most of the questions these individuals need answered.

Name _____

Date of birth ____/____/____

Social security number ____-____-____

Address _____

Home phone (____) ____-____

Work phone (____) ____-____

Mobile phone (____) ____-____

E-mail address _____

Best method to reach you _____

Best times to reach you _____

Married ____ Single ____ Divorced ____ Number of children ____

If married, spouse's name _____

On what date did your injury occur? ____/____/____

Where did your injury occur? City _____ State ____ County _____

How did your injury occur?

- Aircraft accident
- Animal bite or attack
- Assault and battery
- Defective premises
- Defective product
- Police negligence

- Medical malpractice
- Motor vehicle accident
- Slip or trip and fall
- Water-related accident
- Other _____

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 to treat 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 as a result of your injuries? Yes Amount \$ _____ No

Income before injury \$ _____ per _____

Income after injury \$ _____ per _____

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. _____

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: _____
