

PERSONAL INJURY INTERVIEW FORM

CLIENT INFORMATION:

Clients name(s) _____

Current Address _____

Permanent Address _____

Current Phone _____ Permanent Phone _____

Alternate Phone _____ Fax _____

Email _____

Client's S.S. #: _____ Client's DOB: _____

Employer _____

Employer Address _____

Employer Phone _____ Supervisor _____

Emergency Contact _____

Address _____

Phone _____ Relation _____

How did you hear about our firm?

Direct Mailing _____

Internet _____

Newspaper _____

Telephone Book _____

Referral _____

Other _____

INTERVIEW QUESTIONS:

1. Event causing injury:

When: _____

Where: _____

Objects: _____

Owners: _____

Operators: _____

Others present: _____

What happened: _____

Police: _____

2. Insurance:

a.) Health Carrier: _____

Address: _____

Phone: _____

Policy #: _____

Insured Person: _____

Employer: _____

Contact #: _____

b.) Auto Carrier: _____

Address: _____

Phone: _____

Policy #: _____

Named Insured: _____

Coverage & Limits: _____

c.) Adverse Carrier: _____

Address: _____

Phone: _____

Policy #: _____

Adjuster: _____

Coverage & Limits: _____

3. Earliest Limitations Date: _____

4. Marital Status: _____ Married _____ Separated _____ Divorced _____ Single

(If married or separated, complete the following)

Name of spouse: _____

Marriage date: _____

Marriage location: _____

Spouses employment: _____

5. Children:

Name

D.O.B.

6. Employment:

Job: _____
Started: _____
Supervisor: _____
Pay: _____

7. Education:

Highest level completed: _____

8. Convictions: _____

9. Prior claims: _____

10. Medical:

Care during ten years before this injury: _____

Body parts injured in this event: _____

Prior injury: _____

Care since this injury: _____

11. Miscellaneous Comments/Additional Information for Attorney to Review:

CLIENT VERIFICATION:

The undersigned client in the above-referred matter, states that he/she has helped prepare the above entitled form and has reviewed the completed form and certifies that the information provided is true and correct.

Client

Date

***COMPLETING THIS FORM DOES NOT CREATE AN ATTORNEY/CLIENT RELATIONSHIP. THIS FORM IS FOR INFORMATIONAL PURPOSES ONLY. ***