

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**INITIAL CLIENT STATEMENT**

**HAVE YOU SPOKEN TO ANOTHER ATTORNEY ABOUT THIS CASE?** \_\_\_\_\_

**IF SO, PLEASE GIVE NAME OF ATTORNEY:** \_\_\_\_\_

**DO YOU HAVE A SIGNED RELEASE BY THAT ATTORNEY?** \_\_\_\_\_

**WHO WERE YOU REFERRED BY: (INDIVIDUAL, YELLOW PAGE AD, ETC.)**

\_\_\_\_\_

**PERSONAL INFORMATION:**

**NAME:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number: (home)** \_\_\_\_\_

**Age: \_\_\_ Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_**

**EMPLOYER:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number: (work)** \_\_\_\_\_

**Occupation: \_\_\_\_\_ Worked there how long? \_\_\_\_\_**

**Immediate Supervisor:** \_\_\_\_\_

**SPOUSE'S NAME:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number: (home)** \_\_\_\_\_

**Spouse's Employer:** \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Telephone Number: (work) \_\_\_\_\_ Occupation: \_\_\_\_\_

Age: \_\_\_ Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_

**CHILDREN:**

Name(s)/Age(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many children are living with you now? \_\_\_\_\_

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**EDUCATION:**

High School/G.E.D.: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Technical School: \_\_\_\_\_

College/University: \_\_\_\_\_ Years & Degree: \_\_\_\_\_

**EMPLOYMENT HISTORY:**

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

Prior **claims and/or settlements** (types, dates, attorneys):

\_\_\_\_\_

\_\_\_\_\_

**CASE INFORMATION:**

Nature \_\_\_\_\_ of \_\_\_\_\_ your

claim: \_\_\_\_\_

Date: \_\_\_\_\_ Date of Week: \_\_\_\_\_

Time: \_\_\_\_\_ am/pm

Location: (Be Specific)\_\_\_\_\_

**DETAILS:**

**DESCRIPTION OF CASE: (BE SPECIFIC-- GET AS MUCH DETAIL AS POSSIBLE)\_\_\_**

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Did anyone make a statement to anyone involved in the case?\_\_\_\_\_

Who made such a statement, if any?\_\_\_\_\_

What was said?\_\_\_\_\_

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To whom?\_\_\_\_\_

Are photographs or records of the incident available?\_\_\_\_\_

**INSURANCE COVERAGE FOR PLAINTIFF:**

Name of Carrier: \_\_\_\_\_

Carrier's Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Agent's Name, Address and Phone No.: \_\_\_\_\_

\_\_\_\_\_

Have you signed any authorizations to release information to anyone? \_\_\_\_\_

If so, identify: \_\_\_\_\_

Have you signed any releases? \_\_\_\_\_

If so, for whom? \_\_\_\_\_

Have you received any insurance benefits? \_\_\_\_\_

**INSURANCE COVERAGE FOR DEFENDANT:**

Name of Carrier: \_\_\_\_\_

Carrier's Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Agent's Name, Address and Phone No.: \_\_\_\_\_

\_\_\_\_\_

**Is anyone involved in the claim?** \_\_\_\_\_

Who? \_\_\_\_\_

Describe Involvement: \_\_\_\_\_

\_\_\_\_\_

**NAME AND ADDRESS OF ALL PARTIES INVOLVED:**

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**WITNESSES:**

1. NAME & ADDRESS: \_\_\_\_\_

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Telephone Number: (\_\_\_\_) \_\_\_\_\_

Relationship (fellow employees, supervisors, bystanders, etc.):

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What did each see? \_\_\_\_\_

Would they be willing to testify in court? \_\_\_\_\_

2. NAME & ADDRESS : \_\_\_\_\_

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Telephone Number: (\_\_\_\_) \_\_\_\_\_

Relationship (fellow employees, supervisors, bystanders, etc.):

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What did each see? \_\_\_\_\_

Would they be willing to testify in court? \_\_\_\_\_

3. NAME & ADDRESS: \_\_\_\_\_

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Telephone Number: (\_\_\_\_) \_\_\_\_\_

Relationship (fellow employees, supervisors, bystanders, etc.):

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What did each see? \_\_\_\_\_

Would they be willing to testify in court? \_\_\_\_\_

4. NAME & ADDRESS: \_\_\_\_\_

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Telephone Number: (\_\_\_\_) \_\_\_\_\_

Relationship (fellow employees, supervisors, bystanders, etc.):

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What did each see? \_\_\_\_\_

Would they be willing to testify in court? \_\_\_\_\_

5. NAME & ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Relationship (fellow employees, supervisors, bystanders, etc.):

\_\_\_\_\_

What did each see? \_\_\_\_\_

Would they be willing to testify in court? \_\_\_\_\_

**VIEWING THE SCENE:**

Can we go to the scene? \_\_\_\_\_

Is the equipment available for inspection? \_\_\_\_\_

Who do we contact to arrange a viewing? \_\_\_\_\_

NAME & ADDRESS: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Job Title: \_\_\_\_\_

Can we photograph the equipment? \_\_\_\_\_

Any other information you feel may assist us in representing you for this claim? \_\_\_\_\_

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\_\_\_\_\_



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**DAMAGES:**

How have your injuries changed your lifestyle:

Loss of consortium (relationship with spouse, children, others): \_\_\_\_\_

\_\_\_\_\_

Sports: \_\_\_\_\_

\_\_\_\_\_

Social Activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

Household Chores: \_\_\_\_\_

\_\_\_\_\_

Have you had to hire domestic help? \_\_\_\_\_

How do you feel you have been damaged emotionally by these injuries? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you feel you have been damaged financially by these injuries? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_