



INTERVIEW FORM: PERSONAL INJURY

DATE: _____

Name: _____ (Age) Birthdate: (____) _____

Address: _____

City: _____ State: _____ Zip: _____ Claim No.: _____

Phone: (home) _____ (business) _____ (cell) _____

Social Security #: _____ Spouse's Name _____

Children's Names & Ages: _____

Who referred you to our office? _____

Date of Accident: _____ Location: _____

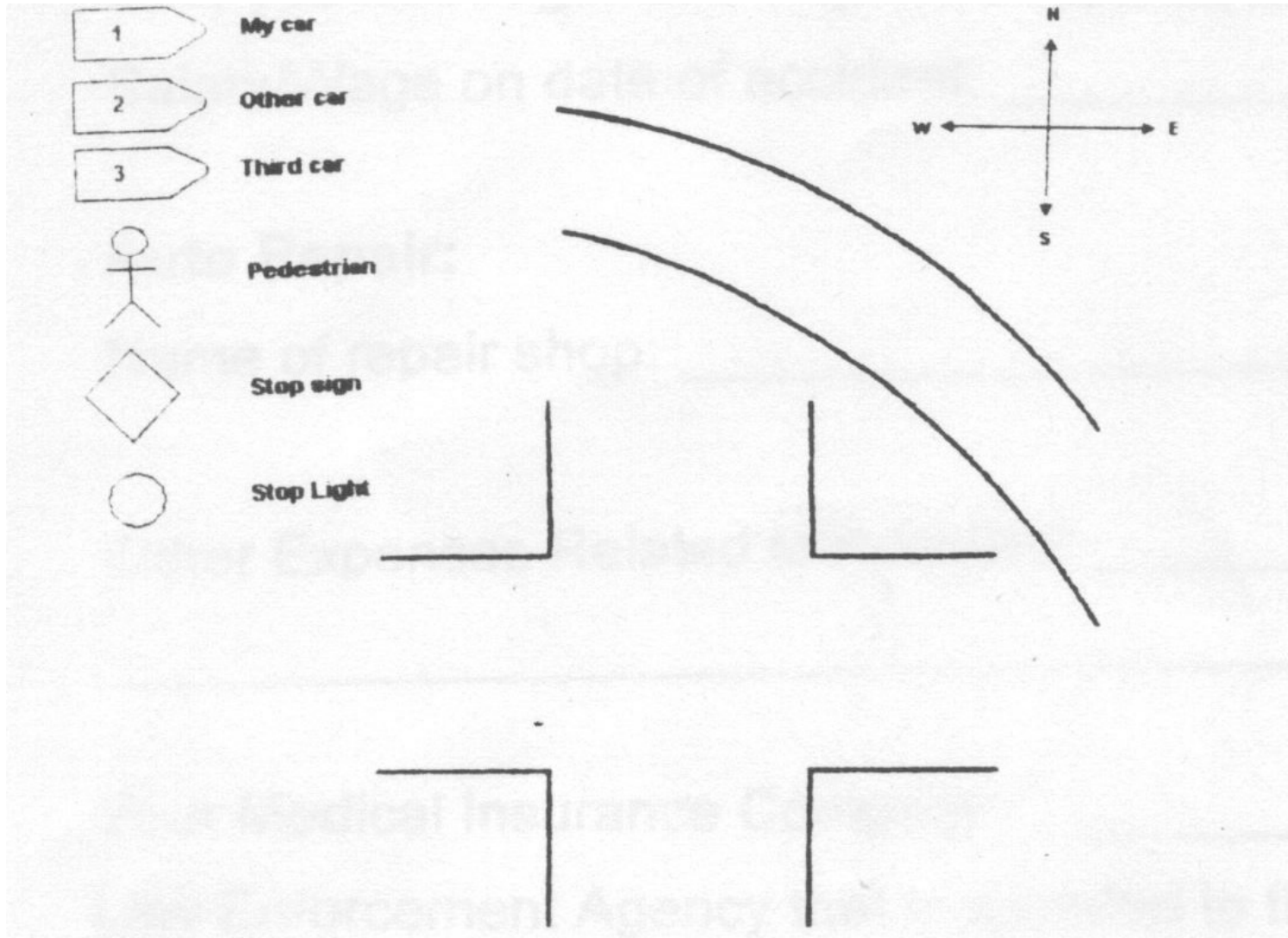
Name, Address & Phone of Other Driver(s): _____

Your Car Insurance Company: _____

Other Driver's Car Insurance Company: _____

Description of Accident: _____

Draw events of accident on diagram below. Show on the diagram the street names, positions of all vehicles, persons, stop lights/signs, and other objects:



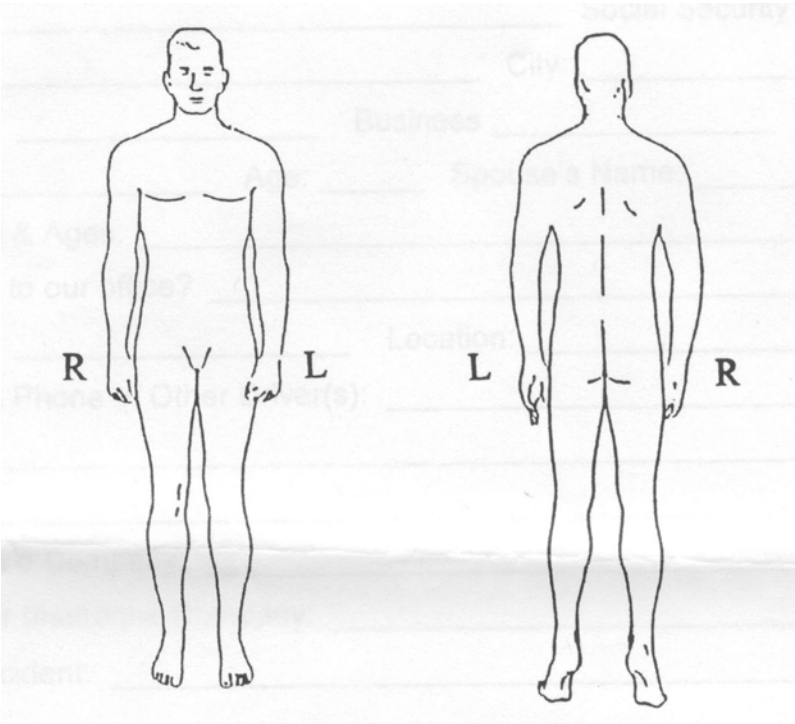
Describe injuries caused by accident: _____

Names of Doctors, Hospitals, and others who have treated you for this accident:

Previous Injuries (describe injury and when occurred):

Names of doctors who have treated you before this accident:

Place an "X" on areas of pain you are presently experiencing related to this accident:



Wage Loss:

Employer on date of accident: _____

Job title: _____

Date you first began working there: _____ Date last worked: _____

Salary/Wage on date of accident: _____ Wages/Days lost: _____

Auto Repair:

Name of repair shop: _____ Amount of repair bill: \$ _____

Other expenses related to accident: _____

Your medical insurance company: _____

Law enforcement agency that responded to the accident: _____

Did you give a statement to an insurance adjuster? If so, to whom? _____

Have you been represented by another attorney for this claim? If so, who? _____

Other information which would assist us in evaluating your claim: _____
