CLIENT INTAKE FORM

Client Information

Date of Injury or Wrongful Conduct: _____ Time: _____

Location: _____

Name:_____ DOB: _____

Address: _____ Phone #: _____

Cell #: _____ SSN #: _____ CDL #: _____

Employer's Information

Employer Name: _____ Phone # _____

Address: _____

Occupation: _____ Wage: _____ Hire Date: _____ Discharge: _____

Primary Health Insurance (if any)

Name: _____ Group # _____

Address: _____

Phone #: _____ Fax #: _____

Treating Doctor (if any)

Name: _____ Group # _____

Address: _____

Phone #: _____ Fax #: _____

Vehicle Information

Year: _____ Make: _____ Model: _____ Color: _____

License Plate #: _____ VIN#: _____

Registered Owner: _____ Car Driveable? _____

Present Location of Vehicle? _____

Vehicle Insurance

Insurance Name: _____ Policy #: _____

Address: _____

Claims Adjuster: _____ Tel.#: _____

Policy Limits: Date of Coverage:
Property Damage: /
Bodily Injury: /
Uninsured Motorist:
MedPay:
Deductible:
Rental:

Witness(es) / Passenger(s)

Name (1): _____ Cell #: _____

Address: _____ Phone #: _____

Name (2): _____ Cell #: _____

Address: _____ Phone #: _____

Name (3): _____ Cell #: _____

Address: _____ Phone #: _____

Hospitalization as a Result of Incident?

Name: _____ Phone #: _____

Address: _____

Reason(s) for Hospitalization: _____

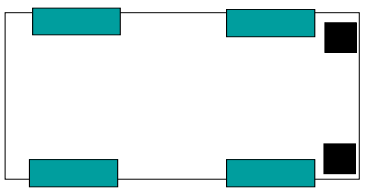
Date of Admission: _____ Discharge Date: _____

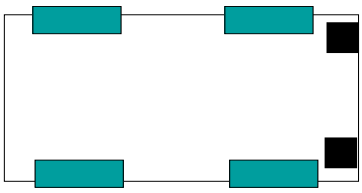
N

W E

S

(Rear) (Front)





Damage to Your Vehicle **Damage to Other Vehicle**

HOW DID THE INJURY OCCUR? (Explain in Detail)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Other Driver/Defendant's Information

Name: _____ CDL#: _____ Exp: _____

Address: _____

Tel. #: _____ D.O.B.: _____

Year: _____ Make: _____ Model: _____ Color: _____

License Plate #: _____ VIN#: _____

Auto Ins. Name: _____ Policy No.: _____

Address: _____

Adjuster Name: _____ Tel. No.: _____

Policy Limits:

Date of Coverage:
Property Damage: /
Bodily Injury: /
Uninsured Motorist: /
MedPay:
Deductible:

CHECKLIST: (Please provide the following to our office. Thank you!)

_____ 1. Copy of Client's Driver License

_____ 2. Copy of Vehicle Insurance Card

_____ 3. Copy of Vehicle Insurance Declaration Page

_____ 4. Photographs of vehicle damage/ bodily injuries

_____ 5. Copy of auto body shop Estimation/ Final Bill

_____ 6. Copy of client's pay stub (for loss of wages)

_____ 7. Final copy of medical bills

_____ 8. Copy of Police Collision Report

_____ 9. Copies of medical bills and reports

_____ 10. Copies of all receipts showing out-of-pocket expenses as a result of accident