

Client Information Sheet- Motor vehicle Accident

Today's Date: _____

SECTION I – BACKGROUND INFORMATION

1. Your Full Legal Name: _____

A. nickname(s): _____

B. Your Date of Birth: _____

C. Your Social Security #: _____

D. Your Current Mailing Address:

City: _____ State: _____ Zip: _____

E. Your Email: _____@_____

F. You're Telephone Numbers:

1. Cell Phone: _____

2. Home Phone: _____

3. Work Phone: _____

4. Other: _____

G. Your Spouse's Name: _____

H. Name(s) & Age(s) of Children: _____

I. You're Employer's Name & Address: _____

Client Information Sheet- Motor Vehicle Accident (continued)

1. Who or how were you referred to us: _____

2. If you are seeking legal help for a child or incompetent person:

A. Their name: _____

B. Their Date of Birth: _____

C. Their Social Security#: _____

D. Are you their natural or legally appointed guardian?

_____ Yes _____ No

If No, who is the natural or legal guardian: _____

3. If you are seeking legal help for someone who is now deceased:

A. What county did they live in at their death? _____

B. Did they have a will? _____ Yes _____ No

C. Have you been appointed executor or administrator by the Probate Court? _____ Yes _____ No

If No, who has been appointed: _____

D. The Name of their spouse (if living): _____

E. Name(s) & Age(s) of ALL living children:

6. Have you or the Injured/Deceased discussed this case with any other

attorney? _____ Yes _____ No

If yes, which attorney(s): _____

Client Information Sheet – Motor Vehicle Accident (continued)

1. Have you or the Injured/Deceased been interviewed or given statements to anyone about this case?

Yes _____ No _____

If yes, when and by who: _____

2. Have you and/or the injured person ever:

A. Been hospitalized for an injury? _____ Yes _____ No

B. Been in a car accident? _____ Yes _____ No

C. Filed a Worker's Comp. Claim? _____ Yes _____ No

D. Filed a claim for an injury? _____ Yes _____ No

E. Filed a lawsuit? _____ Yes _____ No

F. Been sued? _____ Yes _____ No

G. Filed for bankruptcy? _____ Yes _____ No

H. Been arrested? _____ Yes _____ No

I. Been treated for alcohol abuse? _____ Yes _____ No

J. Been treated for drug abuse? _____ Yes _____ No

ATTORNEY NOTES: Section 1- Background

Client Information Sheet – Motor Vehicle Accident (continued)

SECTION II – ACCIDENT INFORMATION

- 1. Date of the Motor Vehicle Accident: _____
- 2. Is there a police report? _____ Yes _____ No

3. ACCIDENT DETAILS:

“You” refers to the person involved in the motor vehicle accident.

A. Where were you going at the time of the accident?

B. Were you a driver, passenger or pedestrian? _____

C. Was anyone with you? _____ Yes _____ No

If yes, list the name(s) and telephone number for each person.

D. Did you own the vehicle involved? _____ Yes _____ No

If no, who is the registered title owner? _____

E. Did you consume any alcohol, medication or drugs within 24 hours before the accident? _____ Yes _____ No

SECTION III – INJURY INFORMATION

1. List ALL injuries suffered by You or the Injured/Deceased as a result of the motor vehicle accident:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Did you or the Injured/Deceased EVER have ANY of these injuries or or problems before the motor vehicle accident?

_____ Yes _____ No

If yes, which one(s) and when?

_____	_____
_____	_____
_____	_____

3. List ALL doctors, hospitals, therapists or other medical providers that have provided treatment since the accident:

_____	_____
_____	_____
_____	_____

4. Did you or the Injured/Deceased suffer ANY medical conditions that required treatment or medication **PRIOR TO** the accident?

[Examples: Neck/Back/Joint Problems, Obesity, Headaches/Migraines, Heart/Liver/Lung Problems, Hepatitis, Cancer, Diabetes, Seizures, AIDS, Vertigo, Stomach or Intestinal Problems, Circulatory Problems]

_____ Yes _____ No

If yes, list all medical conditions below:

5. Have you or the injured/deceased been involved in any other motor vehicle accidents, falls or fights (whether injured or not)?

_____ Yes _____ No

If yes, list for each – when, what happened and if injured:

Client Information Sheet – Motor Vehicle Accident (continued)

SECTION IV – INSURANCE INFORMATION

1. List all Insurance that MAY be available to you or the Injured/Deceased for this accident:

A. Your Automobile Insurance:

- 1. Insurance Company: _____
- 2. Do you have med-pay: ____ Yes ____ No
- 3. Do you have UM/UIM: ____ Yes ____ No
- 4. Policy number: _____
- 5. Named Insured(s): _____
- 6. Amount of Policy: _____
- 7. Claims Phone number: _____

B. Health Insurance:

- 1. Insurance Company: _____
- 2. Policy number: _____
- 3. Named Insured: _____
- 4. Type of Policy: _____
- 5. Claims phone number: _____

C. Other (i.e. Excess/Umbrella, Disability or Other Auto)

- 1. Insurance Company: _____
- 2. Policy number: _____
- 3. Named Insured: _____

4. Type of Policy: _____

5. Claims phone number: _____

Client information Sheet – Motor Vehicle Accident (continued)

1. Where any of the medical bills or other expenses paid by any State or

Federal Agency? _____ Yes _____ No

A. If yes, please list each agency that paid benefits: (i.e. Medicare,
Medicaid, Social Security Disability
