

Wassmer Agency Services, LLC

Personal Injury Client Intake

Matter Number: _____ Date: _____

Name _____

Date of birth ____/____/____

Social security number ____-____-____

Address _____

Home phone (____) ____-____

Work phone (____) ____-____

Mobile phone (____) ____-____

E-mail address _____

Best method to reach you _____

Best times to reach you _____

Married ____ Single ____ Divorced ____

Number of children ____

If married, spouse's name _____

On what date did your injury occur? ____/____/____

Where did your injury occur? City _____ State _____

How did your injury occur?

- Aircraft accident
- Animal bite or attack
- Assault and battery
- Defective premises
- Defective product
- Police negligence or abuse
- Medical malpractice
- Motor vehicle accident
- Slip or trip and fall
- Water-related accident
- Other _____

Describe how your injury occurred.

Who do you believe caused or is responsible for your injury, and why?

Describe your injury(ies).

List all doctors and other health care providers who have treated your injuries, including their names, addresses, and telephone numbers.

Total medical expenses incurred to date for your injuries: \$_____

Total medical expenses you expect to incur in the future: \$_____

List the names, addresses, and telephone numbers of all insurance companies that may be involved (including, as applicable, automobile insurer, health insurer, disability insurer, homeowner's insurer, etc.).

Have you lost income due to your injuries? Yes ___ No ___

If yes, amount of lost income \$ _____

Income before injury \$ _____ per _____

Income after injury \$ _____ per _____

Employer _____

Position _____

Employer's address _____

Employer's telephone number (____) _____ - _____

Are you currently working? Yes ___ No ___

Expect to return to work on ___/___/___

Will not return to work ___

Are you in pain? If so, describe.

Describe any other ways in which your life has changed as a result of your injuries. (For example, you are no longer able to engage in athletic activities, your appearance has changed, you cannot care for your children, etc.)

If married, has your spouse experienced any losses as a result of your injury? If so, describe.

List the names, addresses, and phone numbers of any possible witnesses in your case.

Have you previously consulted an attorney regarding your case?

Yes ____ No ____

If yes, provide the attorney's name(s), the firm name(s), the address(es), and the telephone number(s).

Is your relationship with the attorney ongoing?

Yes ____ No ____

Has an attorney declined to represent you in this matter?

Yes ____ No ____

If yes, why?

Questions you have about your case:
