

NEW CLIENT INFORMATION (CIVIL)

Date: _____

Phone Call or Office Visit (circle one)

Client's Full Name: _____

Address: _____

County of Residence: _____

Phone Numbers

Home: _____

Work: _____

Cell: _____

Other: _____

Date of Birth: _____

Social Security #: _____

Employer: _____

Occupation: _____

Your Insurance Carrier: _____

Date of Incident: _____

Which City/County did the incident take place?: _____

Who are you filing the complaint against? _____

What is his/her place of work? _____

What happened?

What were your injury/injuries?

Please list (in order) all providers that have treated you for this injury: (ex: ambulance, ER, x-rays, surgery, etc.)

Have you ever been named as a defendant in a malpractice action? _____

Who was your employer at that time? _____

What is the legal out come that you are looking to gain from this action? _____
