



## CLIENT INFO SHEET: PERSONAL INJURY

This is a questionnaire designed to get information for your personal injury case.

Please fill out this questionnaire *in whatever level of detail you find comfortable*. If you do not know any of the information requested, we can work with you to gather the information when necessary.

Please understand that any information you provide is *strictly confidential*, and will not be shared with anyone without your permission (this includes your spouse or any members of your family). Your privacy and security is paramount, and, while you can certainly share your information with whomever you choose, we will not share your information with anyone without your permission and instructions to do so.

If any of the requested information does not apply to you or is not relevant, please simply disregard it..

### ABOUT YOU:

Your first name:

Middle name:

Last name:

Maiden name:

Check any that apply:     Jr.    Sr.    II    III    IV    V

Address:

Telephone numbers:

Home:

Work:

Cell:

Place of work:

Email address:

Date of Birth:

Place of birth:

Social security number:

Driver's license number:

Are you a U.S. citizen?

Yes

No



Are you married?       Yes       No

If so, what is your spouse's name?

What is your occupation?

Who is your employer?

**ABOUT THE ACCIDENT:**

Date of accident:

Time of accident:

Place of accident:

Condition of roadway:

Weather:

Where were you going at the time of the accident?

From where?

How did accident happen?

What were the direction of vehicles?

Was there any warning?

Traffic signs or signals

Driver (if other than owner):

License No.

Make, year, and model of auto:

Does defendant have any liability insurance?

Names of witnesses:

Occupants of vehicles:



**AFTER THE ACCIDENT:**

Did police make report?  
Which department?

Did police take statements?  
From whom?

Any violations charged and results:

Defendant(s)

Defendant's address:

Defendant's phone:

Where did you go after accident?

Name of hospital:

Address

Name of doctor(s)

Dates of visits

What injuries did you sustain?

Were X-rays taken?       Yes       No  
Where?

Date:

What property damage did you sustain?

What wage or business loss have you sustained?

Did you give a statement to other side?       Yes       No  
If so, when, to whom, how recorded, copy?