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PERSONAL INJURY INTAKE FORM

DATE: _____ (*Office Use*) SoL: _____ (*Office Use*)

Client ID: _____ (*Office Use*)

How did you hear about AMGJ Law: _____

PERSONAL INFORMATION:

Legal Name: _____ Cell: _____

Address: _____ Email: _____

_____ SSN: _____

_____ DOB: _____

Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced

If married, spouse's name: _____

Do you have children? ☐ Yes ☐ No If yes, how many: _____

ACCIDENT INFORMATION:

Date of injury: _____

Where did your injury occur? City: _____ State: _____

How did the injury occur? _____

_____

_____

_____

_____

☐ Motor Vehicle Accident ☐ Medical Malpractice ☐ Animal Bite or Attack

☐ Worker Injury ☐ Assault and Battery ☐ Slip/Trip and Fall

☐ Defective Premises ☐ Defective Product ☐ Other: _____

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

_____

_____

_____

Describe your injury(ies): _____

_____

_____

_____

List all doctors and other healthcare 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

Income before injury: $_____ ☐ Hourly ☐ Weekly ☐Bi-weekly ☐ Monthly ☐ Yearly

Income after injury: $_____ ☐ Hourly ☐ Weekly ☐Bi-weekly ☐ Monthly ☐ Yearly

EMPLOYMENT INFORMATION:

Employer: _____ Position: _____

Employer's address: _____

Employer's Telephone Number: _____

Are you currently able to work: ☐ Yes ☐ No

If not, when is your expected return to work: ____/____/____ or ☐ Will not return to work

Are you in pain? ☐ Yes ☐ No

If yes, please describe: _____

ADDITIONAL INFORMATION:

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

Questions you have about your case or have in general about this process:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____