

WRIGHT | JAMES, P.C.
Attorneys at Law

Personal Injury Client Interview Form

The purpose of an initial consultation is for the attorney to advise you, the *prospective* client what, if anything, may be done for you, and what the minimum fee will be. *The purpose is not to render a definitive legal opinion* as it may be impossible to fully assess a matter within the time frame allotted for a consultation or with the information or documents that you may be able to provide at the initial consultation.

Note: The following questions will help us to understand the reason for your visit today. Your responses are protected by attorney/client privilege and will be held in strict confidence.

Today's Date _____

How did you learn of my office? _____

Name _____
Last First Middle or Maiden

Address _____
Number Street City State Zip

Home Telephone Number (_____) _____ Email Address _____

Cell Number (_____) _____ Work Telephone Number (_____) _____

Am I the first attorney you have consulted regarding this matter? [] Yes [] No

If no, why did you not hire their services? _____

Marital Status: [] Married [] Single [] Divorced [] Widowed [] Separated

Spouse's Name _____

Spouse's Address _____
Number Street City State Zip

Your Date of Birth _____ Your Social Security No. _____

Date of Accident/Loss: _____

Briefly explain what you may need advice about or assistance with to day:

INITIAL PERSONAL INJURY INTERVIEW NOTES

Were you referred to our office by anyone? [] Yes [] No

If yes, please state their name address and telephone number:_____

Liens:_____

1. Insurance Carrier (Client)

Claim No._____

Policy No._____

Adjuster_____

Company_____

Address (if known)_____

Telephone No.(1-800 preferred)_____

2. Health Insurance

Name_____

Policy No._____

3. Medicare [] Yes [] No

4. Medicaid [] Yes [] No

5. Insurance Carrier (Other Driver)

Claim No._____

Policy No._____

Adjuster_____

Company_____

Address (if known)_____

Telephone No. (1-800 preferred)_____

Insurance Carrier (Owner of the vehicle)

Claim No._____

Policy No._____

Adjuster_____

Company_____

Address (if known)_____

Telephone No. (1-800 preferred)_____

6. Property Damage: Tortfeasor _____ Client _____
GET PHOTO OF VEHICLE

7. Wage Loss: [] Yes [] No

If yes, how long have you been absent from work?_____

8. Employer_____

Type of work_____

Salary per week_____

Salary per hour_____

Salary per year_____

9. Other expenses or cost resulting from accident_____

10. **LOCATION OF ACCIDENT**_____

11. Investigating Law Department_____

12. Were you the Driver or the Passenger?_____

13. Did you go to the emergency room? [] Yes [] No

If yes, which hospital did you go to? _____

Did you go by ambulance to the ER? [] Yes [] No

Did you by private vehicle to the ER? [] Yes [] No

14. Describe your injuries _____

15. Provide the name(s) of any physician you have seen since the accident.

16. Have you had any prior injuries? [] Yes [] No

If so, provide the year _____

Injuries _____

The name of the doctor(s) who treated you _____

17. What happened in this accident? _____

18. Were any citations issued? [] Yes [] No

If yes, what for _____

19. Any witnesses? [] Yes [] No

Name: _____

Address: _____ Phone: _____

Name: _____

Address: _____ Phone: _____

20. Are there any other adults living in the household? Yes No

If yes, do they own a vehicle? Yes No

If yes, provide his or her name _____

21. Was your vehicle towed from the accident? Yes No

22. Did the airbag(s) deploy? Yes No

FOR THE ATTORNEY:

Do we need to order the Accident Report? Yes No

Will the client be bringing us back more information, if so what and when?

Property damage information (photo or repair bills)

Loss wages

Disability slip