

**PERSONAL INJURY/AUTO ACCIDENT  
INTAKE SHEET**

**SOL:**

**INITIAL CLIENT STATEMENT**

**TODAY'S DATE:** \_\_\_\_\_

**HAVE YOU SPOKEN TO ANOTHER ATTORNEY ABOUT THIS CASE?** \_\_\_\_\_

**IF SO, PLEASE GIVE NAME OF ATTORNEY :** \_\_\_\_\_

**DO YOU HAVE A SIGNED RELEASE BY THAT ATTORNEY?** \_\_\_\_\_

**WHO WERE YOU REFERRED BY: (INDIVIDUAL, YELLOW PAGE AD, ETC...)**

\_\_\_\_\_

**PERSONAL INFORMATION:**

**NAME:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:(home)** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Age:\_\_\_ Date of Birth:\_\_\_ Social Security No:**\_\_\_\_\_

**Texas Driver's License Number:** \_\_\_\_\_

**Military Service:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:(work)**\_\_\_\_\_

**Occupation:\_\_\_\_\_ Worked there how long?**\_\_\_\_\_

**Immediate Supervisor:**\_\_\_\_\_

**SPOUSE'S NAME:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number:(home) \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Telephone Number:(work) \_\_\_\_\_ Occupation \_\_\_\_\_ Age: \_\_ Date of Birth: \_\_\_\_\_ Social

Security No: \_\_\_\_\_

**CHILDREN:**

Name(s)/Age(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many children are living with you now? \_\_\_\_\_

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**ACCIDENT INFORMATION:**

Accident Date: \_\_\_\_\_ Day of Week: \_\_\_\_\_

Time: \_\_\_\_\_ am/pm



**DIAGRAM OF HOW ACCIDENT OCCURRED.**

Did police come to the scene? \_\_\_\_\_. If so, which jurisdiction (e.g., Houston, County Sheriff,

Constable?) \_\_\_\_\_. Did they assign an incident number? \_\_\_\_\_ No. \_\_\_\_\_?

Was anyone ticketed? If so, whom, and for what? \_\_\_\_\_?

Were you driving an employer company vehicle? \_\_\_\_\_

What was the color, make, model and year of the vehicle YOU were driving? \_\_\_\_\_

\_\_\_\_\_

What was the license plate number of the vehicle you were driving? \_\_\_\_\_

What was the color, make, model and year of the OTHER vehicle? \_\_\_\_\_

\_\_\_\_\_

What was the license plate number of the other vehicle? \_\_\_\_\_

What was the name of the driver of the OTHER vehicle? \_\_\_\_\_

Was anyone, including yourself, to the best of your knowledge, taking any medication or using any sort of drugs? \_\_\_\_\_

\_\_\_\_\_

Had anyone, including yourself, been drinking? \_\_\_\_\_

Did anyone make a statement at the scene? \_\_\_\_\_

Who made such a statement, if any? \_\_\_\_\_

What was said? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To whom? \_\_\_\_\_

Were photographs taken of the scene? \_\_\_\_\_

**DAMAGES & INJURIES:**

**MEDICAL INFORMATION:**

Were you injured in this accident? Describe: \_\_\_\_\_

\_\_\_\_\_

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Did you go to the hospital? \_\_\_\_ Which hospital \_\_\_\_\_

Admitted or OPD? \_\_\_\_ If admitted, ***WHEN*** released: \_\_\_\_\_

X-Rays taken? \_\_\_\_ Were you taken by ambulance? \_\_\_\_\_

Are you under the care of a physician now? \_\_\_\_\_

Prior **similar injuries**, treated medical conditions and/or symptoms

to same area or current injury (Dates/Drs.): \_\_\_\_\_

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**Prior** claims and/or settlements (types, dates, attorneys): \_\_\_\_\_

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List any **prior injury settlements**: \_\_\_\_\_

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How have your injuries changed your lifestyle:

Loss of consortium: \_\_\_\_\_

Sports: \_\_\_\_\_

\_\_\_\_\_

Social Activities: \_\_\_\_\_

\_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

Household Chores: \_\_\_\_\_

\_\_\_\_\_

Have you had to hire domestic help? \_\_\_\_\_

How do you feel you have been damaged emotionally by these injuries? \_\_\_\_\_

\_\_\_\_\_

How do you feel you have been damaged financially by these injuries? \_\_\_\_\_

\_\_\_\_\_

**Was anyone else injured?** \_\_\_\_\_

Who was injured? \_\_\_\_\_

Describe Injury: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did this injury occur when you were driving a vehicle? \_\_\_\_\_

What would you consider a satisfactory outcome to your claim? \_\_\_\_\_

**LIST DOCTORS:**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

When did you first see the doctor? \_\_\_\_\_

When did you last see the doctor? \_\_\_\_\_

When will you see him again? \_\_\_\_\_

Physical therapy? \_\_\_\_\_

Current Balance on Medical Bills: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

When did you first see the doctor? \_\_\_\_\_

When did you last see the doctor? \_\_\_\_\_

When will you see him again? \_\_\_\_\_

Physical therapy? \_\_\_\_\_

Current Balance on Medical Bills: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

When did you last see the doctor? \_\_\_\_\_



When did you first see the doctor? \_\_\_\_\_

When will you see him again? \_\_\_\_\_

Physical therapy? \_\_\_\_\_

Current Balance on Medical Bills: \_\_\_\_\_

4. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

When did you last see the doctor? \_\_\_\_\_

When did you first see the doctor? \_\_\_\_\_

When will you see him again? \_\_\_\_\_

Physical therapy? \_\_\_\_\_

Current Balance on Medical Bills: \_\_\_\_\_

5. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

When did you first see the doctor? \_\_\_\_\_

When did you last see the doctor? \_\_\_\_\_

When will you see him again? \_\_\_\_\_

Physical therapy? \_\_\_\_\_

Current Balance on Medical Bills: \_\_\_\_\_



Relationship (fellow employees, supervisors, bystanders, etc...)

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What did each see? \_\_\_\_\_

Would they be willing to testify in court to what he/she saw? \_\_\_\_\_

2. NAME & ADDRESS: \_\_\_\_\_

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Telephone Number:(\_\_\_\_)\_\_\_\_\_

Relationship (fellow employees, supervisors, bystanders, etc...)

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What did each see? \_\_\_\_\_

Would they be willing to testify in court to what he/she saw? \_\_\_\_\_

3. NAME & ADDRESS: \_\_\_\_\_

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Telephone Number:(\_\_\_\_)\_\_\_\_\_

Relationship (fellow employees, supervisors, bystanders, etc...)

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What did each see? \_\_\_\_\_

Would they be willing to testify in court to what he/she saw? \_\_\_\_\_

4. NAME & ADDRESS: \_\_\_\_\_

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Telephone Number:( ) \_\_\_\_\_

Relationship (fellow employees, supervisors, bystanders, etc...) \_\_\_\_\_

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What did each see? \_\_\_\_\_

Would they be willing to testify in court to what he/she saw? \_\_\_\_\_

5. NAME & ADDRESS: \_\_\_\_\_

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Telephone Number:( ) \_\_\_\_\_

Relationship (fellow employees, supervisors, bystanders, etc...) \_\_\_\_\_

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What did each see? \_\_\_\_\_

Would they be willing to testify in court to what he/she saw? \_\_\_\_\_

**VIEWING THE SCENE:**

Can we go to the accident scene? \_\_\_\_\_

Is the equipment available for inspection? \_\_\_\_\_

Who do we contact to arrange a viewing? \_\_\_\_\_

NAME & ADDRESS: \_\_\_\_\_

Telephone Number:( ) \_\_\_\_\_

Job Title: \_\_\_\_\_

Can we photograph the equipment? \_\_\_\_\_

Any other information you feel may assist us in representing you for this claim? \_\_\_\_\_

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**INSURANCE COVERAGE FOR PLAINTIFF (YOU)**

Name of Carrier: \_\_\_\_\_

Carrier's Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Agent's Name, Address and Phone No.: \_\_\_\_\_

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Collision coverage amount: \_\_\_\_\_

Deductible Amount: \_\_\_\_\_

Liability Coverage: \_\_\_\_\_

Do you have Personal Injury protection (PIP)?: \_\_\_\_\_

Medical Payment Amount: \_\_\_\_\_

Uninsured Motorist Coverage Amount: \_\_\_\_\_

Cash Policy for Accidents: \_\_\_\_\_

Effective Dates of coverage: \_\_\_\_\_

Is this a WORKER'S COMP CLAIM? \_\_\_\_\_

Are you covered through your employer's insurance? \_\_\_\_\_

If so, provide company and agent, if known: \_\_\_\_\_

Policy or plan number: \_\_\_\_\_

Name of insured: \_\_\_\_\_

Limits of coverage: \_\_\_\_\_

Did you file a claim with your insurance company? \_\_\_\_\_

Has anyone from the insurance company contacted you about this claim? \_\_\_ Name of Person who contacted you: \_\_\_\_\_

When was contact made? \_\_\_\_\_

If a statement was given, was it tape recorded or written? \_\_\_\_\_

Did you receive a copy? \_\_\_\_\_

Have you signed any authorizations to release information to anyone? \_\_\_\_\_

Have you signed any releases? \_\_\_\_\_

Have you received any insurance benefits? \_\_\_\_\_

Have you been judged partially or permanently disabled by any administrative agency as a result of this injury? \_\_\_\_\_

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**INSURANCE COVERAGE FOR DEFENDANT (OTHER PARTY)**

Name of Carrier: \_\_\_\_\_

Carrier's Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Agent's Name, Address and Phone No.: \_\_\_\_\_

Collision coverage amount: \_\_\_\_\_

Deductible Amount: \_\_\_\_\_

Liability Coverage: \_\_\_\_\_

Medical Payment Amount: \_\_\_\_\_

Uninsured Motorist Coverage Amount: \_\_\_\_\_

**EDUCATION:**

High School/G.E.D.: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Technical School: \_\_\_\_\_

College/University: \_\_\_\_\_ Years & Degree: \_\_\_\_\_

**EMPLOYMENT HISTORY:**

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Duties: \_\_\_\_\_

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Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Duties: \_\_\_\_\_

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Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Duties: \_\_\_\_\_

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Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Duties: \_\_\_\_\_

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**OTHER:**

Do you have any criminal history within the last ten (10) years? If so, please explain in full: \_\_\_\_\_

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