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NEW CASE INFORMATION SHEET HAIL DAMAGE QUESTIONNAIRE

If you would like our law firm to evaluate your potential case and consider representing you in a possible lawsuit, please (1) carefully read this section, (2) when you are finished answering all the questions, please click the “SUBMIT” button on the last page and the Questionnaire will automatically be e-mailed to our office, or (3) click the “PRINT FORM” button on the last page and the Questionnaire will be printed. After printing, you may fax or mail the completed Questionnaire back to our office at the address listed above.

By law, your communications with us during the evaluation process are regarded as privileged and confidential and will be treated by us accordingly. We will respond to your inquiry as promptly as possible. There is no charge or obligation for our review of your case.

TODAY'S DATE:

FIRST NAME:

LAST NAME:

ADDRESS 1:

ADDRESS 2:

CITY:

STATE:

ZIP CODE:

E-MAIL:

CELL PHONE:

HOME PHONE:

BEST TIME TO CONTACT:

TYPE OF COMPLAINT: Denied Claim
 Underpaid Claim
 Mishandled Claim
 Other

Name of Insurance Company Involved:

What Happened? (Type of Damage / Injury)

When Did This Happen? (Specific Date)

Who Did This Happen To? (Names)

Where Did This Happen? (Exact Location)

How Did This Happen? (Brief Specifics)