

CLIENT INTERVIEW

DATE _____

SOURCE (TV, Yellow Pages, etc.) _____ ADDRESS/PH# OF REF. ATTY./PERSON _____
NAME(S) _____ IF MINOR, NAME OF SIGNOR _____
ADDRESS _____
HOME PHONE # _____ BUSINESS PHONE # _____
MINOR _____ GUARDIAN _____ RELATIONSHIP _____
D/O/B _____ SS# _____ SPOUSE _____
NAME OF CLOSE FRIEND/RELATIVE _____ PHONE _____
DEFENDANT(S) _____ ADDRESS _____
OWNER _____ ADDRESS _____
DATE OF ACCIDENT _____ TIME _____
INJURIES _____

AMBULANCE _____ FIRE RESCUE _____ DATE OF SERVICE _____
HOSPITAL _____ E.R. _____ ADMITTED FROM _____ TO _____
DOCTOR _____ SPECIALTY _____
ADDRESS/PHONE _____
DOCTOR _____ SPECIALTY _____
ADDRESS/PHONE _____
WHO ELSE WAS INJURED _____
HOW IT HAPPENED _____

DID ACCIDENT OCCUR DURING THE COURSE OF EMPLOYMENT: YES [] NO [] WORKERS COMP FILE: YES [] NO []
IF YES, CARRIERS NAME/ADDRESS/PH# _____

LIABILITY _____ SEE ATTACHED []
WHERE HAPPENED _____
SLIP & FALL LOCATION _____ SEAT BELT (AUTO): YES [] NO []
WHO TOOK REPORT _____ CASE NO. _____

WITNESS _____ ADDRESS/PH# _____
WITNESS _____ ADDRESS/PH# _____
DEFENDANT'S INSURANCE _____ ADDRESS _____
PHONE NO. _____ POLICY NO: _____ CLAIM NO. _____
AGENT/ADDRESS/PH# _____

ADJUSTER/ADDRESS/PH# _____
DEFENDANT'S CAR: YEAR _____ MAKE _____ MODEL _____
PLAINTIFF'S INSURANCE _____ ADDRESS _____
PHONE NO. _____ POLICY NO: _____ CLAIM NO. _____
AGENT/ADDRESS/PH# _____
ADJUSTER/ADDRESS/PH# _____

UM AVAILABLE: YES [] NO [] WITH _____ POLICY LIMITS _____
PLAINTIFF'S CAR: YEAR _____ MAKE _____ MODEL _____
PROPERTY DAMAGE _____ CAR STORED AT _____
NO OF CARS IN HOUSEHOLD _____ UM _____ LIMITS _____ PIP _____
MAKE/MODEL _____ YEAR _____ OWNER _____

INSURANCE _____ UM _____ PIP _____
HEALTH INSURANCE NAME _____ PHONE NO. _____
ADDRESS _____ GROUP # _____
EMPLOYER _____ SUPERVISOR _____
ADDRESS/PH# _____

JOB DESCRIPTION _____ WAGES _____ LOST TIME FROM _____ TO _____
HISTORY OF INJURIES _____

DATES OF PREVIOUS CLAIMS FIRST: _____
DATES OF PREVIOUS CLAIMS SECOND: _____
FIRST DOCTOR(S) _____ FIRST ATTORNEY _____
SECOND DOCTOR(S) _____ SECOND ATTORNEY _____

SIGN UP ARRANGEMENTS: BY MAIL []; INVESTIGATOR []/OFFICE APPOINTMENT [] DATE _____ TIME _____

PHOTOS TO BE TAKEN BY _____
DOCTOR(S) REFERRALS _____
MISC. COMMENTS _____
IF CASE WAS REJECT, WHO WAS IT REFERRED TO _____
INTERVIEWER _____ DATE _____