# Information Form
# Personal Injury

**1. Personal and Family History**

Full Name: _____

Home address: _____

Business address:

_____

Home phone: _____ Business phone:_____

E-Mail: _____

** AUTO POLICY OF CLIENT: _____
** AUTO POLICY ON VEHICLE: _____
** OTHER AUTO POLICIES OF RESIDENT FAMILY MEMBERS:

_____
_____
_____
HEALTH INSURANCE: _____
DRIVER'S LICENSE NUMBER: _____

**2. Injury or Accident**

Date of Incident: _____
Location of Accident:

_____

_____

Names and addresses (if known) of other people involved:

_____

_____

_____

**Insurance Co. Info of Defendant Vehicle: _____

**Insurance Co. Info of Defendant Personally: _____

Brief Description of how it happened:

(use additional sheet if necessary)

_____

_____

_____

_____

_____

_____

_____

_____

**3. The Injury**

State all injuries known to be a result of the accident:

_____

_____

Length of time confined to bed: _____

Length of time confined to house: _____

State present physical conditions, including scars, disabilities, deformities and discomforts due to the injuries: _____

_____

_____

_____

**4. Physicians, Surgeons, Hospitals, Clinics, Therapists – ANY AND ALL health care providers you've seen related to THIS claim.**

(attach additional page if necessary):

Name: _____
Address:_____
Nature of treatment: _____
Still under care? Explain: _____

Name: _____
Address:_____
Nature of treatment: _____
Still under care? Explain: _____

Name: _____
Address:_____
Nature of treatment: _____
Still under care? Explain: _____

Name: _____
Address:_____
Nature of treatment: _____

Still under care? Explain: _____

Name: _____
Address:_____
Nature of treatment: _____
Still under care? Explain: _____

Name: _____
Address:_____
Nature of treatment: _____
Still under care? Explain: _____

Name: _____
Address:_____
Nature of treatment: _____
Still under care? Explain: _____

Name: _____
Address:_____
Nature of treatment: _____
Still under care? Explain: _____

**5. Why are you seeking the help of an attorney? In other words, what is it that you believe you are entitled to but are not receiving?**

(attach additional page if necessary):

_____

_____

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