

CLIENT INFORMATION FORM

CASE INFORMATION

NAME: \_\_\_\_\_  
DATE OF ACCIDENT: \_\_\_\_\_  
YOUR INSURANCE COMPANY: \_\_\_\_\_  
NAME OF OTHER PERSON: \_\_\_\_\_  
OTHER PERSON'S INSURANCE COMPANY: \_\_\_\_\_

PLAINTIFF INFORMATION

1. Full Name \_\_\_\_\_
2. Birthplace \_\_\_\_\_
3. Social Security Number \_\_\_\_\_ 4. Phone No. \_\_\_\_\_
5. Address \_\_\_\_\_  
\_\_\_\_\_
6. Birth Date \_\_\_\_\_
7. Mother's Name \_\_\_\_\_
8. Father's Name \_\_\_\_\_
9. Marital: \_\_\_\_\_  
Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_  
Widow \_\_\_\_\_ Widower \_\_\_\_\_
10. If divorced, date and place: \_\_\_\_\_
11. If spouse deceased, date of death: \_\_\_\_\_
12. Names and ages and addresses of all those (including children) who are dependents and your relationship to each.

| Name | Address | Age | Relationship |
|------|---------|-----|--------------|
|------|---------|-----|--------------|

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|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

13. List the addresses where claimant has resided during past 10 years with period of the residency . . . including dates.

| Residence | From  | To    |
|-----------|-------|-------|
| _____     | _____ | _____ |
| _____     | _____ | _____ |

14. Other names used by claimant: \_\_\_\_\_

15. Where \_\_\_\_\_ Why \_\_\_\_\_  
 Married \_\_\_\_\_ Date of Marriage \_\_\_\_\_  
 Place of Marriage \_\_\_\_\_

**WORK BACKGROUND**

1. Present job: \_\_\_\_\_
2. Name and address of employer: \_\_\_\_\_
3. Present job title and duties: \_\_\_\_\_
4. How long at this job \_\_\_\_\_
5. Phone: \_\_\_\_\_ 6. Salary: \_\_\_\_\_
7. Employer at time of accident: \_\_\_\_\_
- a. Address: \_\_\_\_\_
- b. Job title and type of work \_\_\_\_\_
- c. Rate of pay \_\_\_\_\_ d. Hours/week \_\_\_\_\_
- e. Began work on: \_\_\_\_\_ f. Left work \_\_\_\_\_
- g. Why claimant left this job: \_\_\_\_\_
8. Earnings for year before accident occurred: \_\_\_\_\_
9. Prior Employment for past five years:

| Name  | Address | Date Employed | Job   |
|-------|---------|---------------|-------|
| _____ | _____   | _____         | _____ |
| _____ | _____   | _____         | _____ |

10. Spouse's employment: Employer \_\_\_\_\_  
 Employer's Address: \_\_\_\_\_  
 Wages \$ \_\_\_\_\_ per \_\_\_\_\_ Average income entire year for spouse \$ \_\_\_\_\_  
 How long employed \_\_\_\_\_ Prior Employment \_\_\_\_\_

MEDICAL HISTORY BEFORE ACCIDENT

1. Previous hospitalization:

| Date | Hospital | Doctor | Duration | Nature of Illness |
|------|----------|--------|----------|-------------------|
|------|----------|--------|----------|-------------------|

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|--|--|--|--|--|
|  |  |  |  |  |
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|  |  |  |  |  |

2. Previous physical examinations (last five years):

| Date | Place | Doctor | Purpose |
|------|-------|--------|---------|
|------|-------|--------|---------|

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|  |  |  |  |

3. Other accidents or injuries (whether claimed or not):

| Date | Place | Nature of Accident or Injury | Treated By |
|------|-------|------------------------------|------------|
|------|-------|------------------------------|------------|

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
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4. Illnesses or diseases (past five years):

| Date | Nature of Illness | Duration | Treated By |
|------|-------------------|----------|------------|
|------|-------------------|----------|------------|

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|--|--|--|--|
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|  |  |  |  |

5. Chronic health problems: \_\_\_\_\_

6. Drugs regularly used before accident: \_\_\_\_\_

7. Insurance declined or canceled: \_\_\_\_\_ Why: \_\_\_\_\_

8. Broken bones: \_\_\_\_\_

Date and circumstances \_\_\_\_\_

9. Normal activities before accident: \_\_\_\_\_

MILITARY BACKGROUND, LAW ENFORCEMENT AND PRIOR CLAIMS

1. Military Service \_\_\_\_\_ . Date \_\_\_\_\_
2. Type of Discharge \_\_\_\_\_
3. Service connected injuries: \_\_\_\_\_ Details: \_\_\_\_\_
4. V. A., Social Security payments: \_\_\_\_\_ V.A. Claim No. \_\_\_\_\_

POLICE RECORD

1. Tickets or convictions:

| Date | Place | Charges | Result |
|------|-------|---------|--------|
|------|-------|---------|--------|

2. License restrictions now or in past: \_\_\_\_\_ Details: \_\_\_\_\_

CLAIMS AND LAWSUITS

Previous claims, lawsuits, (including divorce):

| Date | Place | Against Whom | Nature of Claim | Result |
|------|-------|--------------|-----------------|--------|
|------|-------|--------------|-----------------|--------|

CLIENT'S INSURANCE

1. Name of insurance company and policy number: \_\_\_\_\_
2. Provisions for medical payments to claimant \_\_\_\_\_
3. Provisions for collision with uninsured motorist \_\_\_\_\_
4. Provisions for damages to car \_\_\_\_\_ Deductible \$ \_\_\_\_\_
5. Amount of insurance if claimant hurts someone else with his car: \_\_\_\_\_