

4.1 INITIAL CONTACT INTAKE FORM

The following Initial Client Intake form either the attorney or an office staff person completes during the initial client contact or at the client interview.

1. Date:
2. Attorney Handling:
3. Referred by:
4. Client
 - Name:
 - Address:
 - Phone:
 - Social Security No.:
 - Date of Birth:
5. Personal Information
 - Marital status:
 - Children (names, ages, and contact information):
 - Other dependents (relationship and contact information):
 - Education:
 - Employer:
 - Employer address and phone:
 - Prior event/injury that were similar or lawsuits involved in within the last ten years:
 - Other attorneys consulted with on this matter:
6. Event Information
 - Date of event:
 - Time:
 - Day of week:
 - Location:
 - Type of event (accident, injury, arrest, breach of contract occurrence, money owed, etc.):
 - Weather conditions:
 - Persons causing the event/injury:
 - Persons witnessing the event/injury:
 - Description of what happened:
 - Description of medical treatment:
 - Description of any property, such as an automobile, involved:
 - Accident or medical reports or other documentation of event/injury:

Report of event/injury made to police, doctor, insurer, or others:

Date and time reports made:

7. Insurance:

Name and contact information of insurers:

Name and contact information of agent:

Date report made to insurer:

Content of report to insurer:

Insurance benefits statements:

8. Insurance for adversary:

Name and contact information of insurers:

Name and contact information of agent:

Date report made to insurer:

Content of report to insurer:

Insurance benefits statements: