Law Office of Daniel S. Wassmer

Personal Injury Client Intake

| Matter Number: | Date: |
|--|---------|
| Name | |
| Date of birth// | |
| Social security number | |
| Address | |
| | |
| | |
| Home phone () | |
| Work phone () | |
| Mobile phone () | |
| E-mail address | |
| Best method to reach you | |
| Best times to reach you | |
| Married Single Divorced | |
| Number of children | |
| If married, spouse's name | |
| On what date did your injury occur?/////// | |
| Where did your injury occur? City | _ State |
| How did your injury occur? | |
| Aircraft accident | |
| Animal bite or attack | |

- ___ Defective premises
- ___ Defective product
- ___ Police negligence or abuse
- ___ Medical malpractice
- ____ Motor vehicle accident
- _____ Slip or trip and fall
- ____ Water-related accident
- ___ Other _____

Describe how your injury occurred.

Who do you believe caused or is responsible for your injury, and why?

Describe your injury(ies).

List all doctors and other health care providers who have treated your injuries, including their names, addresses, and telephone numbers.

Total medical expenses incurred to date for your injuries: \$_____ Total medical expenses you expect to incur in the future: \$_____ List the names, addresses, and telephone numbers of all insurance companies that may be involved (including, as applicable, automobile insurer, health insurer, disability insurer, homeowner's insurer, etc.).

| Have you lost income due to your injuries? Yes No |
|--|
| If yes, amount of lost income \$ |
| Income before injury \$ per |
| Income after injury \$ per |
| Employer |
| Position |
| Employer's address |
| |
| |
| Employer's telephone number () |
| Are you currently working? Yes No |
| Expect to return to work on// |
| Will not return to work |
| Are you in pain? If so, describe. |
| |
| |
| |
| |
| |
| Describe any other ways in which your life has changed as a result of your inju- |

Describe any other ways in which your life has changed as a result of your injuries. (For example, you are no longer able to engage in athletic activities, your appearance has changed, you cannot care for your children, etc.)

If married, has your spouse experienced any losses as a result of your injury? If so, describe.

List the names, addresses, and phone numbers of any possible witnesses in your case.

Have you previously consulted an attorney regarding your case?

Yes ____ No ____

If yes, provide the attorney's name(s), the firm name(s), the address(es), and the telephone number(s).

Is your relationship with the attorney ongoing?

Yes ____ No ____

Has an attorney declined to represent you in this matter?

Yes ____ No ____

If yes, why?

Questions you have about your case: