

SOL: \_\_\_\_\_  
DATE OF EVENT: \_\_\_\_\_

**GENERAL CIVIL LITIGATION  
INTAKE SHEET**

**INITIAL CLIENT STATEMENT**

**HAVE YOU SPOKEN TO ANOTHER ATTORNEY ABOUT THIS CASE?** \_\_\_\_\_

**IF SO, PLEASE GIVE NAME OF ATTORNEY:** \_\_\_\_\_

**DO YOU HAVE A SIGNED RELEASE BY THAT ATTORNEY?** \_\_\_\_\_

**WHO WERE YOU REFERRED BY: (INDIVIDUAL, YELLOW PAGE AD, ETC.)**

\_\_\_\_\_

**PERSONAL INFORMATION:**

**NAME:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number: (home)** \_\_\_\_\_

**Age: \_\_\_ Date of Birth: \_\_\_ Social Security No: \_\_\_\_\_**

**EMPLOYER:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number: (work)** \_\_\_\_\_

**Occupation: \_\_\_\_\_ Worked there how long? \_\_\_\_\_**

**Immediate Supervisor:** \_\_\_\_\_

**SPOUSE'S NAME:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: (home) \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Telephone Number: (work) \_\_\_\_\_ Occupation: \_\_\_\_\_

Age: \_\_\_ Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_

**CHILDREN:**

Name(s)/Age(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many children are living with you now? \_\_\_\_\_

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**EDUCATION:**

High School/G.E.D.: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Technical School: \_\_\_\_\_

College/University: \_\_\_\_\_ Years & Degree: \_\_\_\_\_

**EMPLOYMENT HISTORY:**

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

Prior **similar injuries**, treated medical conditions and/or symptoms

to same area or current injury (Dates/Drs.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Prior **claims and/or settlements** (types, dates, attorneys):

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List any **prior injury settlements**: \_\_\_\_\_

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**INCIDENT INFORMATION:**

Date: \_\_\_\_\_ Date of Week: \_\_\_\_\_

Time: \_\_\_\_\_ am/pm

Location: (Be Specific) \_\_\_\_\_

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**DESCRIPTION OF INCIDENT: (BE SPECIFIC-- GET AS MUCH DETAIL AS POSSIBLE)**

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Was anyone, including yourself, to the best of your knowledge, taking any medication or using any sort of drugs? \_\_\_\_\_

Had anyone, including yourself, been drinking? \_\_\_\_\_

Did anyone make a statement to another party? \_\_\_\_\_

Who made such a statement, if any? \_\_\_\_\_

What was said? \_\_\_\_\_

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To whom? \_\_\_\_\_

Were photographs taken? \_\_\_\_\_

**WITNESSES:**

1. NAME & ADDRESS: \_\_\_\_\_

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Telephone Number: ( \_ ) \_\_\_\_\_

Relationship (fellow employees, supervisors, bystanders, etc.):

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What did each see? \_\_\_\_\_

Would they be willing to testify in court to what he/she saw? \_\_\_\_\_

2. NAME & ADDRESS : \_\_\_\_\_

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Telephone Number: (\_\_\_\_)\_\_\_\_\_

Relationship (fellow employees, supervisors, bystanders, etc.):

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What did each see? \_\_\_\_\_

Would they be willing to testify in court to what he/she saw? \_\_\_\_\_

3. NAME & ADDRESS: \_\_\_\_\_

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Telephone Number: (\_\_\_\_)\_\_\_\_\_

Relationship (fellow employees, supervisors, bystanders, etc.): \_\_\_\_\_

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What did each see? \_\_\_\_\_

Would they be willing to testify in court to what he/she saw? \_\_\_\_\_

4. NAME & ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Relationship (fellow employees, supervisors, bystanders, etc.):

\_\_\_\_\_

What did each see? \_\_\_\_\_

Would they be willing to testify in court to what he/she saw? \_\_\_\_\_

5. NAME & ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Relationship (fellow employees, supervisors, bystanders, etc.):

\_\_\_\_\_

What did each see? \_\_\_\_\_

Would they be willing to testify in court to what he/she saw? \_\_\_\_\_

Any other information you feel may assist us in representing you in this case? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





Have you had to hire domestic help? \_\_\_\_\_

How do you feel you have been damaged emotionally by these injuries? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you feel you have been damaged financially by these injuries? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_