

Slip & Fall Accident Information Packet

Date of Initial Interview: _____

A. Information about Client

1. Your full Name: _____
(First) (MI) (Last)

2. Birth date: _____ Soc. Sec. No.: _____

3. Age: _____ Sex: _____ Driver License No.: _____

4. Street Address: _____

City: _____ State: _____ Zip: _____

5. Phone: (H) (____) _____ (W) (____) _____ (C) (____) _____

6. Marital Status: _____ Spouse's Name: _____

7. Children's Names and Ages:

8. Nearest Relative / address / phone number:

9. Names of all relatives living with you at the time of the accident and all children over the age of 16 years living anywhere:

B. Client's Medical Insurance

1. Name of Company: _____

2. Insurance in Name of: _____

3. Policy No.: _____

C. Information About First Defendant

- 1. Name: _____
- 2. Street Address: _____
- 3. City: _____ State: _____ Zip: _____
- 4. Phone: (H) (____) _____ (W) (____) _____ (C) (____) _____
- 6. Birthdate: _____ Age: _____ Sex: _____
- 7. Soc. Sec. No.: _____ Driver's License No.: _____
- 8. Description of Defendant: _____

D. First Defendant's Insurance Coverage

- 1. Name of Company: _____
- 2. Insurance in Name of: _____
- 4. Policy No.: _____ Adjuster: _____
- 5. Phone number of adjuster: _____

E. Explain what happened the day of the incident. What was the reason you were at the location? Who were you with at the time of the accident? Give the name and address of the location? Was there an accident report written? Was there a video?

F. Were you transported to a medical facility? If so, by whom and where to?

G. What was weather condition?

H. What injuries did you receive from this accident?

I. Have you had any testing, MRI, x-rays, etc.? If so, where were the tests given?

J. What medical providers have treated you?

K. Did you miss any time from work? If so, please provide your employer's name, address, and telephone number.

L. What prescriptions are you currently taking? Are they related to the injuries you received from this accident?

M. Have you had any prior accidents? (etc. automobile accidents, slip & falls) If so, did you receive any funds?

N. Do you have any prior medical conditions?

O. Is there anything you would like to add? If so, use the space below.