The SOUD Law Firm
New Client Information/Case Information
(General Intake Form 2019)

Date of Initial Conference: _____ Intake Location: _____ By: _____

Office File Number: _____ Court/County: _____ Referred by: _____

ALL INFORMATION IS CONFIDENTIAL INCLUDING PHONE NUMBERS & E-MAILS AND WILL REMAIN IN THIS OFFICE

WHO WAS HURT: Last _____ First _____ M: ____

[If the person was a minor, who is the Parent / Guardian: _____?]

Cell: _____ Home Ph: _____ E-mail: _____

Home Address: _____

City: _____ St: _____ Zip: _____

DOB: _____ SS#: _____ Nickname: _____

EMPLOYMENT: Where do you work?_____ Supervisor: _____

Work Address: _____

City: _____ St: _____ Zip: _____

Work Ph: _____ Work E-mail: _____

MARITAL STATUS: Married ☐ / Single ☐ / Divorced ☐ / Widow(er) ☐ / Domestic Partner ☐

Spouse's / Partner's Name: _____ / Cell: _____

Employer for spouse: _____ Spouse Work Ph:_____

Spouse's / Partner's E-mail: _____

Children: How many children do you have?_____. How many kids under the age of 18?____.
What are the names of the children who live with you at home, regardless of age?

_____ / _____ / _____

EMERGENCY CONTACT: (Someone NOT living with you): _____

Who are they: (relationship): _____ / Cell: _____

Home Ph: _____ / Work Ph: _____ / Email: _____

Where do they live (City / State):_____

ACCIDENT DETAILS: Date & Time: _____ (Statute of Limitations: _____)

Purpose of Your Trip or Event leading up to the Accident: _____

_____

Accident Report? Y ☐ N ☐ If yes, by who? _____

DESCRIPTION OF INCIDENT: _____

_____

_____

_____

_____

_____

_____

INJURIES: Treating Healthcare Provider # 1: _____

Telephone: _____ / Location: _____

Injury Treated _____

General Diagnosis: _____

Prescriptions Given: _____

Treating Healthcare Provider # 2: _____

Telephone: _____ / Location: _____

Injury Treated _____

General Diagnosis: _____

Prescriptions Given: _____

AT-FAULT PARTIES: **Name**: _____

Address: _____ City: _____ St: ____ Zip: _____

Telephone: _____ Fax: _____

EVIDENCE: ANY PHOTOGRAPHS WERE TAKEN? Y ☐ N ☐ IF YES, BY WHO? _____.

[IF THERE ARE PICTURES OR VIDEO ON A MOBILE DEVICE WE MAY ASK TO DOWNLOAD THEM WHILE YOU ARE HERE]

WERE THERE ANY WITNESSES TO THE INCIDENT THAT CAUSED INJURY? Y ☐ N ☐

WITNESSES NAME	CONTACT PH. NO.	EMPLOYER'S NAME	CONTACT PH. NO.
1. _____		2. _____	
3. _____		4. _____	

MISCELLANEOUS MATTERS:

WHO IS YOUR HEALTH INSURANCE COMPANY: _____

DATES AND TYPES OF PRIOR "ACCIDENTS"

DATE (MO/YR)	TYPE	WHO IS AT FAULT	INJURY (YES/NO)	COUNTY/STATE

DATES AND TYPES OF PRIOR "MEDICAL HISTORY"

DATE (MO/YR)	TYPE	AREAS INJURED	DR.'S TREATING	LAWYER	SETTLED (Y/N)

ANY MILITARY SERVICE? IF SO, BRANCH: _____ RANK: _____ DATES OF SERVICE: _____

WHAT IS THE LEVEL OF YOUR FORMAL EDUCATION? [HS, TRADE SCHOOL, CC, BS, BA, ETC.] _____

ANY PAST LEGAL HISTORY: ARRESTED FOR A CRIME? Y ☐ N ☐ / CONVICTED OF A CRIME? Y ☐ N ☐

PAST WORK HISTORY – PLEASE LIST YOUR PAST 4 EMPLOYERS **OR** YOUR EMPLOYMENT FOR PAST 10 YEARS, WHICHEVER OCCURS FIRST:

EMPLOYER'S NAME	FROM/TO	EMPLOYER'S NAME	FROM/TO
1. _____		2. _____	
3. _____		4. _____	

Let's make sure we cover the issues you want to discuss

In a personal injury case attorney client meeting, we will discuss medical bills, treatment and the financial issues associate with that. Some of those financial issues could include wage loss, collection efforts or how all this could affect your credit.

As for the accident, we will discuss the details of what happened, including witnesses, and the way insurance works. We'll discuss a lot of other stuff too, but just to be sure we cover everything you want, what are the pressing questions or matters your having now? Make a note of them here.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____