

**WRIGHT | JAMES, P.C.**  
*Attorneys at Law*

**Personal Injury Client Interview Form**

The purpose of an initial consultation is for the attorney to advise you, the *prospective* client what, if anything, may be done for you, and what the minimum fee will be. *The purpose is not to render a definitive legal opinion* as it may be impossible to fully assess a matter within the time frame allotted for a consultation or with the information or documents that you may be able to provide at the initial consultation.

Note: The following questions will help us to understand the reason for your visit today. Your responses are protected by attorney/client privilege and will be held in strict confidence.

**Today's Date** \_\_\_\_\_

How did you learn of my office? \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle or Maiden

Address \_\_\_\_\_  
Number Street City State Zip

Home Telephone Number (\_\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Cell Number (\_\_\_\_\_) \_\_\_\_\_ Work Telephone Number (\_\_\_\_\_) \_\_\_\_\_

Am I the first attorney you have consulted regarding this matter? [ ] Yes [ ] No

If no, why did you not hire their services? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Marital Status: [ ] Married [ ] Single [ ] Divorced [ ] Widowed [ ] Separated

Spouse's Name \_\_\_\_\_

Spouse's Address \_\_\_\_\_  
Number Street City State Zip

Your Date of Birth \_\_\_\_\_ Your Social Security No. \_\_\_\_\_

**Date of Accident/Loss:** \_\_\_\_\_

Briefly explain what you may need advice about or assistance with to day:

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**INITIAL PERSONAL INJURY INTERVIEW NOTES**

Were you referred to our office by anyone? [  ] Yes [  ] No

If yes, please state their name address and telephone number:\_\_\_\_\_

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Liens:\_\_\_\_\_

1. Insurance Carrier (Client)

Claim No.\_\_\_\_\_

Policy No.\_\_\_\_\_

Adjuster\_\_\_\_\_

Company\_\_\_\_\_

Address (if known)\_\_\_\_\_

Telephone No.(1-800 preferred)\_\_\_\_\_

2. Health Insurance

Name\_\_\_\_\_

Policy No.\_\_\_\_\_

3. Medicare [  ] Yes [  ] No

4. Medicaid [  ] Yes [  ] No

5. Insurance Carrier (Other Driver)

Claim No.\_\_\_\_\_

Policy No.\_\_\_\_\_

Adjuster\_\_\_\_\_

Company\_\_\_\_\_

Address (if known)\_\_\_\_\_

Telephone No. (1-800 preferred)\_\_\_\_\_

Insurance Carrier (Owner of the vehicle)

Claim No.\_\_\_\_\_

Policy No.\_\_\_\_\_

Adjuster\_\_\_\_\_

Company\_\_\_\_\_

Address (if known)\_\_\_\_\_

Telephone No. (1-800 preferred)\_\_\_\_\_

6. Property Damage: Tortfeasor \_\_\_\_\_ Client \_\_\_\_\_  
**GET PHOTO OF VEHICLE**

7. Wage Loss: [ ] Yes [ ] No

If yes, how long have you been absent from work?\_\_\_\_\_

8. Employer\_\_\_\_\_

Type of work\_\_\_\_\_

Salary per week\_\_\_\_\_

Salary per hour\_\_\_\_\_

Salary per year\_\_\_\_\_

9. Other expenses or cost resulting from accident\_\_\_\_\_

\_\_\_\_\_

10. **LOCATION OF ACCIDENT**\_\_\_\_\_

\_\_\_\_\_

11. Investigating Law Department\_\_\_\_\_

12. Were you the Driver or the Passenger?\_\_\_\_\_

13. Did you go to the emergency room? [ ] Yes [ ] No

If yes, which hospital did you go to?\_\_\_\_\_

Did you go by ambulance to the ER? [ ] Yes [ ] No

Did you by private vehicle to the ER? [ ] Yes [ ] No

14. Describe your injuries\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. Provide the name(s) of any physician you have seen since the accident.

\_\_\_\_\_

\_\_\_\_\_

16. Have you had any prior injuries? [ ] Yes [ ] No

If so, provide the year\_\_\_\_\_

Injuries\_\_\_\_\_

The name of the doctor(s) who treated you\_\_\_\_\_

\_\_\_\_\_

17. What happened in this accident?\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

18. Were any citations issued? [ ] Yes [ ] No

If yes, what for\_\_\_\_\_

19. Any witnesses? [ ] Yes { ] No

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

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

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

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

20. Are there any other adults living in the household? [ ] Yes [ ] No

If yes, do they own a vehicle? [ ] Yes [ ] No

If yes, provide his or her name \_\_\_\_\_

21. Was your vehicle towed from the accident? [ ] Yes [ ] No

22. Did the airbag(s) deploy? [ ] Yes [ ] No

**FOR THE ATTORNEY:**

Do we need to order the Accident Report? [ ] Yes [ ] No

Will the client be bringing us back more information, if so what and when?

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Property damage information (photo or repair bills)

Loss wages

Disability slip