

## 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

\_\_ Assault and battery

- 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.

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

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Describe your injury(ies).

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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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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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.)

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

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

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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).

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Is your relationship with the attorney ongoing?

Yes \_\_\_\_ No \_\_\_\_

Has an attorney declined to represent you in this matter?

Yes \_\_\_\_ No \_\_\_\_

If yes, why?

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Questions you have about your case:

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Thank you for contacting our office regarding your personal injury matter. We would like you to complete this Initial Consultation Form in order to assist us in evaluating your case. Reviewing your Consultation Form does not mean that Keegan & Baker, LLP has agreed to act as your attorneys. I acknowledge and understand that Keegan & Baker, LLP are not my attorneys and have not undertaken representation at this point.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_