

The Webb Law Centre, PLLC

Client Information Sheet Personal Injury

Date: _____

File# _____

S/O/L: _____

Name: _____

Address: _____
Street City State Zip County

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Social Security #: _____ D/O/B: _____ Age: ____ E-Mail: _____

Employer Name & Address: _____

Were you off work for any length of time? Yes No From _____ to _____

Did you have any lost wages? Yes No If so, amount: \$ _____

Were you married at the time of the incident? Yes No

Spouse: _____ Social Security #: _____ D/O/B: _____ Age: ____

Employer Name & Address: _____

Do you have children? Yes No

Name Date of Birth Social Security No.

Date of Accident: _____ Investigated? Yes No
Investigated by: _____

Location/Place of Accident: _____
(State/Route, County & State)

Do you have a copy of the accident report? Yes No

Were you transported by ambulance? Yes No By who: _____

Where were you taken? _____

Name of person who hit you: _____

Name & address of their insurance company: _____

Claim Number: _____ Adjuster's Name: _____

Witnesses: _____

What were your injuries? _____

Medical Providers:

Name/Address of Provider(s):

Date(s) of Service:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Name of your insurance company: _____ Phone: _____

Address: _____

Claim Number: _____ Adjuster's Name: _____

Do you know if you have med-pay coverage? Yes No If so, amount? \$_____

Do you have health insurance? Yes No If so, with who? _____

Do you have Medicare/Medicaid? Yes No

Preference on communication with Attorney: Letter Fax E-Mail

How did you find this firm? Verizon yellow pages Yellow Book Big Blue Book

Referred by _____

Found on internet, what site _____