



LEGAL INTAKE QUESTIONNAIRE

ACCIDENT AND INJURY

Client Information:

Full Name: _____

Email Address: _____

Phone Numbers: _____

Address: _____

County/City/State: _____ Zip Code: _____

Date of Birth: _____

1. Were you involved in an accident?

Yes

No

If so, please describe in detail how it happened. And describe where the accident occurred.

2. Were you injured?

Yes No

Please describe in detail the nature and extent of your injuries.

3. Did you report the accident or injury?

Yes No

If so, describe who you reported the accident or injury to:

4. Was there any kind of police report taken following the accident or injury?

Yes No

What police agency took the report?

Did you give a statement?

Yes No

5. Do you have any form of insurance?

Yes No

If so, what company and provide your insurance representative if possible.

Company:_____ Representative's name_____

6. At the time of the accident were you employed?

Yes No

If so, who was your employer and what kind of work did you do?

7. What was your salary or rate of pay?

8. Did you miss work because of your accident or injury? If so, how much?

Yes No Time missed: _____

9. Have you filed a workers compensation claim related to your accident or Injury?

Yes No

10. At the time of the accident or injury were you married?

Yes No

11. What was your living situation?

12. Did you have children at the time of your accident or injury?

Yes No

If so, what are their ages?

PLEASE READ THIS, IT IS IMPORTANT:

By submitting this potential client intake form you are not establishing an attorney-client relationship with GRT. We are making no commitment to take your case and we are not taking any action on your behalf. In the event that we might be interested in taking your case we will communicate with you further and gather more information. No attorney-client relationship will exist if and until you and GRT execute a comprehensive attorney-client retainer/fee agreement.

NOTE: GRT DOES NOT DO FREE OR NO COST CONSULTATIONS OR EVALUATIONS IN MOST CASES.

I HAVE READ AND I FULLY UNDERSTAND THE NOTICE UPON THIS INTAKE FORM.

SIGNATURE: _____

DATE: _____

ADDITIONAL INFORMATION

REDWOOD CITY
888 993 1600

GOLD RIVER/SACRAMENTO
916 851 1900

MODESTO
209 491 4800

FRESNO
559 268 7768

SAN FRANCISCO
888 993 1600