

Hand Law Firm

Attorney at Law



CLIENT INTAKE

PERSONAL INJURY

Today's Date _____ Date of Occurrence: _____

Name _____

Date of Birth _____ SS#: _____

Address _____

City, State, Zip Code _____

Phone#: (Home) _____ (Cell) _____

E-Mail: _____

How you found out about us: _____

Name, address, and phone number of your employer: _____

Confidential information will be sent to this email address and your home address

How were you injured? _____

What were your injuries? _____

Do you have health insurance? _____



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If so, who is your provider? _____

Do you have car insurance and if so who is your carrier and what is your policy number?

What doctors are you seeing and when was your last appointment with each doctor?

What are your medical bills and costs regarding your injury? _____

What is any other information regarding your case? _____

(For office use only)

Flat Fee Rate: _____

SOL: _____

