[FIRM NAME]

[Address · Phone · Email · Website]

CLIENT INTAKE FORM - PERSONAL INJURY

CONFIDENTIAL. Completing this form does not create an attorney-client relationship. The firm represents you only after a signed engagement agreement and completion of a conflict check.

1. Potential client

Full legal name	
Date of birth (mm/dd/yyyy)	
Best phone / OK to text? / OK to leave voicemail?	
Email address	
Home address (street, city, state, ZIP)	
County of residence	
Preferred language	
How did you hear about us?	*referral name, search, ad, other*
Emergency / alternate contact	*name, relationship, phone*

2. The incident

Date of incident	*critical for time limits - verify*
Time and location	*street/city/county*
County where it happened	
Type of incident	*auto, motorcycle, pedestrian, slip/trip and fall, dog bite, work-related, other*
Brief description in your own words	*2-3 sentences; details with attorney*
Police / incident report?	*Y/N - report number and agency if known*
Photos, video, or witnesses?	*Y/N - do not attach; bring to consultation*

3. Other parties (conflict check)

Name of other driver / person / business involved	
Their insurance company, if known	
Their attorney, if known	
Any prior relationship with the other party?	

4. Injuries and treatment (overview only)

Were you injured in the incident?	*Y/N only - please do not describe injuries or conditions here; the attorney will go over them with you directly*
Have you received any medical treatment since the incident?	*Y/N and type of provider only (ER, urgent care, physician, specialist, chiropractor, none yet) - please do NOT describe your condition, diagnosis, or medications here*
Is treatment ongoing?	*Y/N only - no need to say what the treatment is for*
Health insurance?	*Y/N - carrier*

5. Insurance and communications

Your auto/home insurance carrier and policy number	*if applicable*
Has ANY insurance company contacted you?	*who, when*
Have you given a recorded statement?	*Y/N - to whom*
Have you been offered or signed anything?	*Y/N - describe generally*
Prior attorney on this matter?	*Y/N - name*

6. Urgency

Any deadlines you know of related to this incident (e.g., an insurance company response date, a court date, or a letter demanding action by a certain date)?	
Anyone pressuring you to sign or accept anything?	*Y/N*
Anything else the firm should know now?	

For office use: Conflict check run by _____ Date _____ Cleared: Y / N Assigned attorney: _____