

Nathan R. Lynch PLLC

Please Fax to 888-766-5601 or email to nate@walpolelaw.com

1. Personal and Family History

Full name: _____

Present street address: _____

City, State Zip _____

Home phone _____ Business phone _____

Birthdate _____ Place of birth _____ SSN _____

Have you ever used any other date, place of birth or Social Security number? Yes No

If so, explain: _____

2. List all other names by which you have been known. Include marital and maiden names, nicknames and aliases: _____

3. List all addresses where you have resided during the past 10 years. Indicate the period of time at each residence, including dates: _____

4. Are you presently married? Yes No If yes, date of marriage _____

Place of marriage _____ Full name of spouse _____

Have you ever been divorced or legally separated? Yes No If yes, explain; include dates: _____

5. List the names, ages and addresses of all those (including children) who are dependent upon you for support, and your relationship to each:

NAME	ADDRESS	AGE	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Employment History

Most recent employer: _____
Employer's address: _____
Beginning date: _____ Ending date: _____
Job Description: _____
Beginning pay rate: _____ Ending pay rate: _____
Reason(s) for leaving: _____

Previous employer: _____
Employer's address: _____
Beginning date: _____ Ending date: _____
Job Description: _____
Beginning pay rate: _____ Ending pay rate: _____
Reason(s) for leaving: _____

Previous employer: _____
Employer's address: _____
Beginning date: _____ Ending date: _____
Job Description: _____
Beginning pay rate: _____ Ending pay rate: _____
Reason(s) for leaving: _____

7. Educational Background

Highest level of education completed: High School College Graduate School Other

List all degrees and/or professional training here: _____

8. Military Background

Have you been in military service? Yes No If yes, what branch? _____

Service number _____ Type of discharge _____ Dates of service _____

Have you ever been rejected for military service for physical, mental or other reasons? Yes No

If so, explain: _____

Do you have any service-connected injuries or disabilities? Yes No

If so, give details: _____

Present condition injury or disability: _____ Percentage of disability: _____

Do you receive payments for injury\disability? Yes No How much/often? _____

9. Police Record

Under the rules of evidence, there are circumstances under which a person's prior criminal record may be relevant in a proceeding. The other attorney will make a complete investigation of your background, and we must be PREPARED AGAINST development of unfavorable evidence. List here any arrest(s) and state the date, place, charge, court, case number and outcome:

10. Workers' Compensation

Have you ever made a claim for Workers' Compensation? Yes No If No, go to question 11.

Date of your injury? _____ Type of injury _____

Are you receiving payments at present? Yes No How much/how often? _____

Who is handling your Workers' Compensation action? _____

Are you receiving disability payments from any source other than Workers' Compensation at present?

Yes No If so, explain: _____

11. Prior Claims and Lawsuits

Many cases have been damaged beyond repair by a history of other claims and lawsuits which your attorney did not know about. It is NOT the fact that one has had other claims or lawsuits that is important, for one will not be penalized by a court or jury if the claims are reasonable and genuine. It is the DENIAL of previous claims and suits that damages the case. List every claim you have ever made for personal injury or property damage, and give details:

a) Date _____ Nature of claim _____
Suit filed? Yes No Against whom _____
Result _____

b) Date _____ Nature of claim _____
Suit filed? Yes No Against whom _____
Result _____

c) Date _____ Nature of claim _____
Suit filed? Yes No Against whom _____
Result _____

Automobile Accident/Injury Case Interview Form

12. Occurrence Information:

Accident Details

Date _____ Time _____ Weather /Road Conditions _____

Location _____

Describe how accident happened _____

Describe any conditions in detail that may have contributed to the accident: _____

Was there a police or insurance investigation?: Yes No If yes, date: _____

Name of investigator: _____ Agency: _____

Were photographs taken at scene? Yes No If yes, date: _____

By and for whom _____

Was anyone ticketed? Yes No Who? _____

For What? _____

Were any of the vehicles moved before the police arrived? Yes No

Potential Defendent

Name _____ Driver's License # _____

Address _____

City _____ State _____ Zip _____

Owner of Vehicle(If Different) _____

Liability Insurance Company _____

Policy Number: _____ Amount of coverage \$ _____

List any passengers in this vehicle and their seating position: _____

Did the driver appear impaired ? Yes No If yes, please explain: _____

Statements

Have you given any statements? Yes No If yes, type: written oral (telephone)
To whom? _____ When? _____
If written, do you have a copy? Yes No

Vehicle in which the client was riding

Driver _____ Owner (If different) _____
Seating position _____ License no. of vehicle _____
Year, make and model _____
List any passengers in this vehicle and their seating position: _____

Property Damage

Type _____ Estimated dollar amount \$ _____
Estimates by whom _____
Repaired by whom _____
Were pictures been take of property damage? Yes No If yes, date _____
By and for whom? _____
Was there collision coverage? Yes No Amount of deductible \$ _____
Name of Collision Insurance Company _____

Your Liability Insurance

Name of Insurance Company _____
Policy limits _____
Do you have a copy of the policy? Yes No Uninsured motorist coverage? Yes No
Insurance agent _____
Effective dates of policy _____ Policy number _____
Date you notified insurance company of accident _____
Medical payments coverage Yes No Amount of coverage \$ _____

Witnesses

NAME	ADDRESS	PHONE
_____	_____	_____

List statements or comments made at the scene by any witnesses their proximity to the accident scene:

Notice witnesses (people who observed the surface condition causing the accident, even if noted above)

NAME	ADDRESS	PHONE NUMBER
<hr/>		
<hr/>		
<hr/>		

Should scene of occurrence be canvassed for notice witnesses? Yes No

Were you engaged in your employment activities at the time of the occurrence? Yes No

If yes, please give details of your activities: _____

13. Prior Physical Examinations

List here EVERY physical examination you have ever had during the last five years, for any purpose, including employment, promotion, insurance, selective service, armed forces, etc. State date, name of doctor, and result, as fully as you can recall.

a) Date _____ Place _____

Name of doctor _____

Purpose _____

Result _____

b) Date _____ Place _____

Name of doctor _____

Purpose _____

Result _____

c) Date _____ Place _____

Name of doctor _____

Purpose _____

Result _____

14. Prior Accidents and Injuries

Failure to mention other accidents or injuries can undermine a lawsuit, no matter how trivial they may seem. List here every such incident, whether it resulted in a claim for damages or not, stating the date, place, nature of the accident and extent of your injuries. If none, check here

a) Incident _____ Claim for damages? Yes No

Date of incident _____ Place _____

Nature of accident _____

Extent of injuries _____

b) Incident _____ Claim for damages? Yes No

Date of incident _____ Place _____

Nature of accident _____

Extent of injuries _____

c) Incident _____ Claim for damages? Yes No

Date of incident _____ Place _____

Nature of accident _____

Extent of injuries _____

15. Illness or Disease

We must know about all prior illnesses, either before or since your accident. This is particularly true if there is any connection with your present physical complaints, either before or since your accident. At the trial, the defendant will have a complete history of your past physical condition, made available through medical and hospital records, veteran's records, insurance records, etc. If none, check here

a) Date _____ Nature of illness _____

Duration _____ Treated by _____

If hospitalized, give dates: _____

Name and address of hospital _____

b) Date _____ Nature of illness _____

Duration _____ Treated by _____

If hospitalized, give dates: _____

Name and address of hospital _____

c) Date _____ Nature of illness _____

Duration _____ Treated by _____

If hospitalized, give dates: _____

Name and address of hospital _____

Do you now, or have you ever had trouble with: Your eyes? Yes No Ears? Yes No

If so, give details: _____

Do you now, or have you ever worn glasses? Yes No An artificial eye? Yes No

A hearing aid? Yes No If so, give details: _____

Have you ever worn a brace or back or neck support? Yes No

Have you ever worked with radioactive substances, asbestos or any other substance alleged to cause

diseases, such as cancer? Yes No If yes, list dates and details: _____

Have you ever been denied life or health insurance? Yes No

If yes, company name(s) and reason(s): _____

Have you ever been treated for alcoholism, drug addiction, or venereal disease? Yes No

**If you have ever been treated for these conditions, please be sure to discuss it with your attorney
CONFIDENTIALLY, long before your case goes to trial.**

16. The Injury

State all injuries known to be a result of the accident:

Length of time confined to bed _____ Length of time confined to house _____

State present physical condition, including scars, disabilities, deformities, discomforts, etc., due to the injuries: _____

17. List all physicians and surgeons you have seen for your injury/injuries.

a) Physician Name _____ Still under care? Yes No

Address _____

Nature of treatment _____

b) Physician Name _____ Still under care? Yes No

Address _____

Nature of treatment _____

c) Physician Name _____ Still under care? Yes No

Address _____

Nature of treatment _____

18. List all nurses, therapists or other health care professionals that you have seen.

a) Name _____ Still under care? Yes No

Address _____

Nature of treatment _____

b) Name _____ Still under care? Yes No

Address _____

Nature of treatment _____

c) Name _____ Still under care? Yes No

Address _____

Nature of treatment _____

OFFICE USE ONLY

Calendar Information

Has client been served with pleadings? Yes No

When is response due? MONTH _____ DAY _____

Statute of limitations expires: MONTH _____ YEAR _____

Enter case and upcoming activity in office calendar system.

