

## GENERAL CLIENT INFORMATION SHEET

Today's Date: \_\_\_\_\_

### ❖ How did you hear about us:

Google \_\_\_\_\_ Yellow Pages \_\_\_\_\_ Driving By \_\_\_\_\_ Other: \_\_\_\_\_

Referred By: \_\_\_\_\_

Referral's Address -----

Referral's Phone Number: -----

Referral's Email Address: -----

**Former Client** \_\_\_\_\_ yes \_\_\_\_\_ no

### ❖ CLIENT'S INFORMATION:

Client's Full Name: \_\_\_\_\_

D/O/B \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

All Nicknames / Prior Names

Names: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No.: \_\_\_\_\_ (h) \_\_\_\_\_ (w) \_\_\_\_\_ Cell.No.: \_\_\_\_\_

Prior Residence: \_\_\_\_\_

Driver's License Number : \_\_\_\_\_ Date of Issue: \_\_\_\_\_

### ❖ Social Media:

Email

Address: \_\_\_\_\_

Facebook: \_\_\_\_\_ Twitter: \_\_\_\_\_

Instagram: \_\_\_\_\_ Other: \_\_\_\_\_

◆ **EMERGENCY CONTACT**

**PERSON:** \_\_\_\_\_

Address \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone No.: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

◆ **BACKGROUND:**

Place of Birth \_\_\_\_\_

By Whom Was Client Raised: \_\_\_\_\_

Client's  
Father: \_\_\_\_\_ Living? \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: (H) \_\_\_\_\_ Alt. No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Type of Work: \_\_\_\_\_

Client's  
Mother: \_\_\_\_\_ (Living? \_\_\_\_\_)

Address: \_\_\_\_\_

Phone No.: (H) \_\_\_\_\_ (Alt. No.) \_\_\_\_\_

Email Address: \_\_\_\_\_

Type of Work: \_\_\_\_\_

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## ❖ Client's Education Background:

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High School \_\_\_\_\_

\_\_\_\_\_ College \_\_\_\_\_

Other \_\_\_\_\_

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## ❖ Marital Status: Single ( ) Divorced ( ) Married ( ) Widow/Widower ( )

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Spouse: \_\_\_\_\_

Address (If Different) \_\_\_\_\_

Spouse's Education: \_\_\_\_\_

Spouse's Employment: \_\_\_\_\_

Children: Name: \_\_\_\_\_ Age \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_

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## ❖ MILITARY

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Branch of Service: \_\_\_\_\_

Active Duty Began: \_\_\_\_\_ Date of Discharge \_\_\_\_\_

Rank at Time of Discharge: \_\_\_\_\_

Any Honors/Medals? If so, please list: \_\_\_\_\_

Any Combat Service? Yes ( ) No ( ) Where? \_\_\_\_\_ When? \_\_\_\_\_

Any Time Overseas? \_\_\_\_\_ If yes, Where \_\_\_\_\_

Security Clearances? \_\_\_\_\_

Any Court-Martial Charges? \_\_\_\_\_ Charge? \_\_\_\_\_

Findings: \_\_\_\_\_

Sentence: \_\_\_\_\_

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**◆ EMPLOYMENT:**

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Present Employer: \_\_\_\_\_

Does Employer Know of Charge(s) \_\_\_\_\_

Employer's Address \_\_\_\_\_

Your Work No.: ( ) \_\_\_\_\_ ext.: \_\_\_\_\_

Type of Business of Employer: \_\_\_\_\_

Your Job Title: \_\_\_\_\_

Employment Date Beginning \_\_\_\_/\_\_\_\_/\_\_\_\_ Rate of Pay/Hr.: \$ \_\_\_\_\_

Your Immediate Supervisor: \_\_\_\_\_

Supervisor's Attitude Toward You: \_\_\_\_\_

If Presently Unemployed:

Date Unemployment Began: \_\_\_\_/\_\_\_\_/\_\_\_\_ Present Income Source:

Amount: \$ \_\_\_\_\_ Currently in Job Training Program? \_\_\_\_\_

Comments: \_\_\_\_\_

**◆ PRIOR EMPLOYMENT:**

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Business of Employer: \_\_\_\_\_

Client's Job Title: \_\_\_\_\_

Pay at Termination: \_\_\_\_\_ Date Left Employer: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

## Personal Injury File

**INSURANCE INFORMATION:** \_\_\_\_\_

Other Driver's insurance Company & Policy No.: \_\_\_\_\_

Who Owned the Car You Were In? \_\_\_\_\_

Do You Own Any Vehicles?: \_\_\_\_\_

Does Anybody Else Living In Your Home Own a Car or Have Car Insurance?: \_\_\_\_\_

Do You Have Health Insurance?: \_\_\_\_\_ What Type?: \_\_\_\_\_

Have You Filed Your Medical Bills With Your Health Carrier? \_\_\_\_\_

Have You Spoken With The Other Driver's Insurance Company?: \_\_\_\_\_

**LIABILITY:**

Did The Other Driver Get The Ticket: \_\_\_\_\_

Did The Other Driver Admit Fault? \_\_\_\_\_

**INJURIES:**

Describe Your Injuries: \_\_\_\_\_

Where You Taken To A Hospital By Ambulance? \_\_\_\_\_

Which Hospital \_\_\_\_\_

List All Doctors From This Accident: \_\_\_\_\_

**PRIOR INJURIES:**

Have You Suffered A similar Injury Before?: \_\_\_\_\_

Any Disabilities: \_\_\_\_\_

**PROPERTY DAMAGE TO CAR**

What Was The Damage To Car? \$ \_\_\_\_\_

Is Your Car (Or The Car You Were In Drivable)?: \_\_\_\_\_

If Not, Where Is The Car Located?: \_\_\_\_\_

Description of Property Damage \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Other Vehicles Property Damage \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has The Car Been Repaired?: \_\_\_\_\_

Any Photo of Vehicles? \_\_\_\_\_

WITNESSES

Eyewitnesses

NAME	PHONE NO.	ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____

PRIOR SUIT

Ever Filed Suit Before?: \_\_\_\_\_

Ever Filed P.I. Claim? If So When? \_\_\_\_\_

FINANCIAL HISTORY

Have You Ever Filed For Bankruptcy? \_\_\_\_\_

Details:  
\_\_\_\_\_

PRIOR CRIMINAL HISTORY:

Any Juvenile records? \_\_\_\_\_ If so where? \_\_\_\_\_

Nature of charge(s) \_\_\_\_\_

Client's age at time: \_\_\_\_\_ Adjunction: \_\_\_\_\_

Prior adult offense(s):

1. Date of arrest \_\_\_\_\_ Jurisdiction \_\_\_\_\_

Charge(s) \_\_\_\_\_

Disposition: \_\_\_\_\_

Name of Counsel: \_\_\_\_\_

Name of Prosecutor: \_\_\_\_\_

2. Date of arrest \_\_\_\_\_ Jurisdiction \_\_\_\_\_

Charge(s) \_\_\_\_\_

Disposition: \_\_\_\_\_

Name of Counsel: \_\_\_\_\_

Name of Prosecutor: \_\_\_\_\_

3. Date of arrest \_\_\_\_\_ Jurisdiction \_\_\_\_\_

Charge(s) \_\_\_\_\_

Disposition: \_\_\_\_\_

Name of Counsel: \_\_\_\_\_

Name of Prosecutor: \_\_\_\_\_

4. Date of arrest \_\_\_\_\_ Jurisdiction \_\_\_\_\_

Charge(s) \_\_\_\_\_

Disposition: \_\_\_\_\_

Name of Counsel: \_\_\_\_\_





