

Civil Case Intake Sheet

Date: _____

Referred by: _____

OTHER PARTY

Name _____

Name _____

Address _____

Address _____

SSN _____ DOB _____

Employer: _____

Employer _____

AT FAULT PARTY'S INSURANCE:

Employer Address _____

Insurance Co _____

Ph _____ Cell: _____

Agent _____

Work _____ Other _____

Policy Number _____

Spouse's Name _____

Claim No _____

SS# _____ DOB _____

Contact Person _____

Address _____

Address _____

Ph _____ Fax _____

YOUR INSURANCE

Insurance Co. _____

Type of Case: Please check all that apply:

Agent _____

Slip and Fall

Policy Number _____

Insurance Related

Address _____

Breach of Contract

Ph _____ Fax _____

Malicious Prosecution

Claim No _____

Other Matter. Please describe briefly:

Contact Person _____

FACTS OF INCIDENT

Date of Incident: _____ Receive Emergency Treatment? Yes _____ No _____

Where: _____

Follow up with MD? Yes _____ No _____

Name _____ Phone _____

Address _____

PERSONS INJURED

Name	Age	Description of Injury
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

WITNESSES

Name	Address	Phone No:
_____	_____	_____
_____	_____	_____
_____	_____	_____

LOST WAGES

Salary/Hourly Amount: \$ _____ (Weekly, Bi-Weekly, Monthly, Other _____)

Supervisor _____ Phone: _____

Time Missed – (Please list exact dates where possible)

POLICE

Did Police Investigate? _____ What agency? City County Highway Patrol
If City or County, what City or County? _____ Anyone Arrested or Ticketed? _____
Officer's Name _____ Badge # _____
Jail Time? Yes or No If, yes, how long? _____ Charges Dismissed? _____

