

CLIENT INTERVIEW SHEET

Date: _____ Reviewed By: _____

1. NAME IN FULL: _____

2. DOB: _____ SSN: _____ AGE: _____

3. ADDRESS: _____

4. OCCUPATION: _____

5. HOME PHONE: _____ WORK PHONE: _____

6. MARITAL STATUS: _____ SPOUSE'S NAME: _____

7. NUMBER OF DEPENDANTS: _____
NAME OF DEPENDANTS: _____

8. DATE OF ACCIDENT: _____ TYPE OF CASE: _____

9. PLACE OF ACCIDENT: _____

10. Describe the Accident: _____

11. Person/Company Responsible for the Accident:

Name: _____

Address: _____

12. General Nature of the Injuries:

(a) _____

(b) _____

(c) _____

13. Have you had Surgery? _____ When: _____ Type: _____

14. Name of Hospital: _____

Address of Hospital: _____

15. Name of Physicians: _____

16. Other Confidential Information the Attorney Needs to Know: _____

17. Who Referred You and/or how did You Hear about Our Firm? _____