

ANGLIN LAW FIRM
PERSONAL INJURY INTAKE QUESTIONNAIRE
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Thank you for contacting Anglin Law Firm. We realize how much life for an injury victim can change after the injury has occurred. Not only does the victim suffer physically (and possibly mentally) as a result of an injury, but now the victim or a representative must deal with doctors, insurance companies and possibly attorneys. A great deal of stress is placed upon you and your loved ones. We apologize for the length of the questionnaire but it is designed to be thorough so we can get the information we need from you in order to proceed forward with the case.

Please return this questionnaire at least 24 hours prior to your appointment. Please send or bring with you, ALL the medical documentation related to your case, any letters from any insurance companies, and any police or accident reports. You can return the questionnaire and documents in the way that is most convenient for you.

Name _____
Date of birth ____/____/____
Social security number _____-____-_____
Address _____

Home phone (____) _____-_____
Work phone (____) _____-_____
Mobile phone (____) _____-_____
E-mail address _____

Best method to reach you _____
Best times to reach you _____

Married ____ Single ____ Divorced ____ Number of children ____
If married, spouse's name _____

On what date did your injury occur? ____/____/____

Where did your injury occur? City _____ State ____ County _____

How did your injury occur?

- Aircraft accident
- Animal bite or attack
- Assault and battery
- Defective premises
- Defective product
- Police negligence
- Medical malpractice
- Motor vehicle accident
- Slip or trip and fall
- Water-related accident
- Other _____

Describe how your injury occurred. _____

Who do you believe caused or is responsible for your injury, and why? _____

Describe your injury(ies). _____

List all doctors and other health care providers who have treated your injuries, including their names, addresses, and telephone numbers.

Total medical expenses incurred to date to treat your injuries: \$ _____

Total medical expenses you expect to incur in the future: \$ _____

List the names, addresses, and telephone numbers of all insurance companies that may be involved (including, as applicable, automobile insurer, health insurer, disability insurer, homeowner's insurer, etc.).

Have you lost income as a result of your injuries? Yes ___ Amount \$ _____ No ___

Income before injury \$ _____ per _____

Income after injury \$ _____ per _____

Employer _____

Position _____

Employer's address _____

Employer's telephone number (_____) _____ - _____

Are you currently working? Yes ___ No ___ Expect to return to work on ___/___/___

Will not return to work _____

Are you in pain? If so, describe. _____

Describe any other ways in which your life has changed as a result of your injuries. (For example, you are no longer able to engage in athletic activities, your appearance has changed, you cannot care for your children, etc.)

If married, has your spouse experienced any losses as a result of your injury? If so, describe.

List the names, addresses, and phone numbers of any possible witnesses in your case.

Have you previously consulted an attorney regarding your case? Yes ____ No ____
If yes, provide the attorney's name(s), the firm name(s), the address(es), and the telephone number(s). _____

Is your relationship with the attorney ongoing? Yes ____ No ____
Has an attorney declined to represent you in this matter? Yes ____ No ____
If yes, why? _____

Questions you have about your case: _____
