

**PERSONAL INJURY – INTERVIEW SHEET**

**DATE:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

1. **FULL NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

2. **ADDRESS:** \_\_\_\_\_  
**CITY, STATE & ZIP:** \_\_\_\_\_  
**HOME #:** \_\_\_\_\_ **WORK #:** \_\_\_\_\_ **CELL#** \_\_\_\_\_  
**SPOUSE'S NAME:** \_\_\_\_\_ **SPOUSE#** \_\_\_\_\_

3. **DATE OF BIRTH:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **EMERG.#** \_\_\_\_\_

4. **DATE OF ACCIDENT:** \_\_\_\_\_ **TIME:** \_\_\_\_\_  
**PLACE OF ACCIDENT:** \_\_\_\_\_

**BRIEF DESCRIPTION OF ACCIDENT:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. **DEFENDANT:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY, STATE & ZIP:** \_\_\_\_\_  
**HOME #:** \_\_\_\_\_ **WORK #:** \_\_\_\_\_ **CELL#** \_\_\_\_\_  
**DEFENDANT'S INSURANCE:** \_\_\_\_\_  
**INSURANCE POLICY #** \_\_\_\_\_  
**INSURANCE ADJUSTER:** \_\_\_\_\_  
**INSURANCE TELEPHONE NUMBER:** \_\_\_\_\_  
**SETTLEMENT:** \_\_\_\_\_

6. **PLAINTIFF'S INSURANCE:** \_\_\_\_\_  
**INSURANCE TELEPHONE NUMBER:** \_\_\_\_\_  
**INSURANCE ADJUSTER:** \_\_\_\_\_  
**INSURANCE TELEPHONE NUMBER:** \_\_\_\_\_  
**COLL:** \_\_\_\_\_ **PIP:** \_\_\_\_\_ **UM:** \_\_\_\_\_ **LIAB:** \_\_\_\_\_ **OTHER:** \_\_\_\_\_

7. **PROPERTY DAMAGE:** \_\_\_\_\_ **PICTURES:** \_\_\_\_\_

8. **INJURIES:** \_\_\_\_\_

9. **DOCTORS:** \_\_\_\_\_

10. HOSPITAL: \_\_\_\_\_

11. EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

TIME MISSED: \_\_\_\_\_ SALARY: \_\_\_\_\_

12. SSN: # \_\_\_\_\_ DRIVER'S LICENSE: \_\_\_\_\_

13. ADMISSIONS: PLAINTIFF: \_\_\_\_\_

ADMISSIONS: DEFENDANT: \_\_\_\_\_

14. ANY STATEMENTS GIVEN? \_\_\_\_\_ TO WHOM: \_\_\_\_\_

15. ATTORNEYS CONSULTED: \_\_\_\_\_ REFERRED BY: \_\_\_\_\_

16. ANY OTHER CLAIMS? \_\_\_\_\_ W/C: \_\_\_\_\_

17. PHYSICAL DISABILITY: \_\_\_\_\_

18. PRIOR ACCIDENTS? \_\_\_\_\_

19. CRIMINAL RECORD? \_\_\_\_\_

20. ADDITIONAL INFORMATION: \_\_\_\_\_

\_\_\_\_\_

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