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CLIENT INFORMATION FOR INJURY CASE

Today's Date: _____ How did you hear about us? _____

State your full legal name, including middle name:

Current home address :

What are all of your current telephone and fax numbers:

(Home) _____ (cell) _____

(work) _____ (fax) _____

(email address) _____

Were you married at the time you were injured : Yes _____ No _____

If you are married now, name of your spouse : _____

Do you have children? YES _____ NO _____

What are the names of your children? _____

What is the level of your education? (check one)

_____ Graduate School:

What school(s) did you attend? _____

Where did you graduate? _____

What degree(s) do you hold? _____

_____ College Graduate:

What school(s) did you attend? _____

Where did you graduate? _____

What degree(s) do you hold? _____

_____ College – some

What school(s) did you attend? _____

_____ High-School Graduate

What school(s) did you attend? _____

_____ GED

What school(s) did you attend? _____

_____ High-School (some)

What school(s) did you attend? _____

INFORMATION ABOUT YOUR INJURY

Are you still treating with a doctor for your injury case? YES _____ NO _____

If “NO,” what was the date of your last visit to the doctor? _____

Are you still in pain from the injury? YES _____ NO _____

If “YES,” describe in detail the pain you are still having _____

If you are still in pain, do you have pain every day? YES _____ NO _____

What is the date of your most recent doctor’s visit: _____

What is the name of the last doctor, clinic or hospital you have been to for your injury?

List EVERY doctor, hospital, or clinic you have treated with since your injury:

We need some information about the current status of your injury (check ONE):

- I am in still in constant pain, so bad that I am unable to work at all
- I am in constant and severe pain, but it does not keep me from working or activity
- I sometimes have pain, but it does not keep me from working or being active
- I still occasionally miss work or activities due to pain and limitations
- I am not having pain that causes me to lose work or miss activities

List all permanent injuries or limitations that you claim from the accident:

List all permanent injuries or limitations a doctor has placed on you from the accident:

Has a doctor given you a disability rating? YES _____ NO _____ I DON'T KNOW _____

If you are missing work or are unable to participate in physical activities, explain in detail the problems you are still having: _____

Do you believe you will miss future work? YES___ NO___ I DON'T WORK _____

If "YES," explain why: _____

List every medication, including both prescription and non-prescription, that you are or have taken or been prescribed for your injuries: _____

List the names and locations of all pharmacies and/or drug stores that you obtained medication from for your injury: _____

Describe every injury you have had in the past TEN years that required medical care and state what year you were injured and how you were injured:

Have EVER had any surgeries that you have not already listed: YES _____ NO _____

If you answered "YES" about surgeries, describe here: _____

Have EVER had any psychiatric care that you have not already listed:

YES _____ NO _____ If you answered "YES" about psychiatric care, describe here:

Have you ever been injured by another person or company before this case? YES ___ NO ___

Explain: _____

Have you been injured by another person or company since this case? YES _____ NO _____

Explain: _____

Have you ever made a claim for money from an injury before this case? YES _____ NO _____

If you have ever been injured by another person/company or made a claim for money, state the details, including, when (year) and how you got hurt: _____

Have you ever made a workers compensation claim? YES _____ NO _____

If "YES," explain: _____

Were you disabled or on disability when you were injured? YES _____ NO _____

If "YES," explain why you are disabled : _____

Were you getting disability payments at time of your injury? YES _____ NO _____

EMPLOYMENT INFORMATION

What is the name of your current employer? _____

What is the address of your current employer? _____

Did you have the same employer at the time you were injured? YES _____ NO _____

If "NO," who was your employer when you were hurt? _____

What is the address of your employer when you were hurt? _____

What is your current job title? _____

Describe your current job duties: _____

How much time did you miss from work due to your injury? (check one)

_____ I was not working at the time of my injury _____ Less than one week

_____ 1-2 weeks _____ 2-4 weeks

If you missed more than 4 weeks, how long? _____

What is your rate of pay? \$ _____ hour / day / week / month / year (circle one)

What are your average hours of work per week? _____

Total time you missed from work as a result of this incident? _____

How has your job been affected by your injuries? _____

From being unable to work, how much money do you estimate you have lost since you were

injured? _____

Explain in detail how you estimated your lost earnings: _____

Do you expect to continue to lose earnings in the future due to your injury? YES ____ NO ____

If "YES," explain why you believe you will lose future income: _____

Were you self-employed at the time you were injured? YES _____ NO _____

If you were self-employed, do you use an accountant? YES _____ NO _____ N/A _____

Have you filed an income tax return in EACH of the past 5 years? YES _____ NO _____

If "NO," what is the last year you filed a tax return? _____

Are you getting workers compensation benefits for this injury case? YES ____ NO ____

Do you have a workers compensation lawyer? YES _____ NO _____

Name of your workers compensation lawyer: _____

List the names and addresses of each of your employers for the past TEN years:

EVIDENCE FOR YOUR CASE

List all persons who are eyewitnesses to your injury. If you don't know their names, please describe who they are: _____

List the names and telephone numbers of five persons who are NOT related to you who can be called to testify about your physical condition before and after your injury:

1. _____
2. _____
3. _____
4. _____
5. _____

Do you have any photos of your injuries: YES _____ NO _____

If "YES," have you given your photos to this office? YES _____ NO _____

Do you have any photos of your damaged car or the injury scene? YES _____ NO _____

If "YES," have you given your photos to this office? YES _____ NO _____

Did you consume any alcohol or drugs during the twenty-four (24) hours prior to the accident?

YES _____ Describe in detail: _____

NO _____

On the day of accident incident, list the full name of each adult person living in your household:

Other than you, did any of the persons in your household own any cars, trucks or motorcycles at the time of the accident? YES _____ NO _____

If "YES," state:

Type of car (year, make, model): _____

Owner's name: _____ Insurance Company: _____

Insurance Policy No.: _____

State each of your home addresses for the past 5 years and the years you lived there:

Have you ever filed a lawsuit? : YES _____ NO _____

If "YES" describe your case :

What State and County was your case filed in? _____

What was your case about? _____

What was the outcome of your case? _____

Have you ever been arrested for any reason? YES _____ NO _____

If YES, for each arrest, please state:

Arrest No. 1

The name of the charge(s): _____

The date (year) of your arrest: _____

County and State where you were arrested: _____

Guilty plea? YES ____ NO ____ ARE YOU SURE? YES ____ NO ____

Found guilty? YES ____ NO ____ ARE YOU SURE? YES ____ NO ____

ALL charges dropped? YES ____ NO ____ ARE YOU SURE? YES ____ NO ____

Arrest No. 2

The name of the charge(s): _____

The date (year) of your arrest: _____

County and State where you were arrested: _____

Guilty plea? YES ____ NO ____ ARE YOU SURE? YES ____ NO ____

Found guilty? YES ____ NO ____ ARE YOU SURE? YES ____ NO ____

ALL charges dropped? YES ____ NO ____ ARE YOU SURE? YES ____ NO ____

Arrest No. 3

The name of the charge(s): _____

The date (year) of your arrest: _____

County and State where you were arrested: _____

Guilty plea? YES ____ NO ____ ARE YOU SURE? YES ____ NO ____

Found guilty? YES ____ NO ____ ARE YOU SURE? YES ____ NO ____

ALL charges dropped? YES ____ NO ____ ARE YOU SURE? YES ____ NO ____