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Thank you for considering our law firm to assist in your workers' compensation matter. Please complete the information below so we may better understand your legal needs.

CONTACT INFORMATION

How did you hear about us?
Your Full Name (First, Middle, Last)
Do you go by any other names?
Street Address, City, Zip
Mailing Address, City, Zip (if different)
Home #
Cell #
Email address
Date of Birth
Social Security No.
Spouse's Name
Spouse's Cell #
Spouse's Work #
Emergency Contact (name)
Emergency Contact (telephone)
Last Grade completed
Are you currently represented by another attorney?
Has a hearing been held regarding this claim?
Do you have group health insurance?
Have you ever applied for Social Security?
If so, has the SS claim been accepted?
Are you represented by a SS attorney?
Child Support owed per week/month

PERMISSION TO DISCLOSE

With whom are we allowed to discuss your claim?

EMPLOYER INFORMATION

Employer Name
Did the Employer have 3 or more employees?
Employer Address

Employer Telephone # \_\_\_\_\_

Is this Employer owned by another company?  No  Yes, the corporate name is: \_\_\_\_\_

Date you were hired \_\_\_\_\_

Date you were terminated (if applicable) \_\_\_\_\_

What was your position at the time of injury? \_\_\_\_\_

What were your daily duties? \_\_\_\_\_

Supervisor's name \_\_\_\_\_

Wages per hour (before taxes) \_\_\_\_\_

Wages per week (before taxes) \_\_\_\_\_

Have you stopped working for this employer?  No  Yes Date I stopped: \_\_\_\_\_

Are you working for a new employer?  No  Yes

If so, please list name, address, wages, and date hired \_\_\_\_\_

**INJURY INFORMATION**

Date of Injury \_\_\_\_\_

County in which you were injured \_\_\_\_\_

Body Part(s) involved \_\_\_\_\_

How did the injury happen? \_\_\_\_\_

Witness name(s) \_\_\_\_\_

Who did you report your injury to? \_\_\_\_\_

Was an accident report completed?  No  Yes

Have you been contacted by the work comp insurer? If so, please name \_\_\_\_\_

Are you receiving weekly comp benefits? If so, please describe \_\_\_\_\_

**MEDICAL INFORMATION**

Hospital(s) seen for this injury \_\_\_\_\_

Doctors(s) seen for this injury \_\_\_\_\_

Are you presently under restrictions? If so, light duty or full duty? \_\_\_\_\_

If so, what doctor gave you these restrictions? \_\_\_\_\_

Have you ever been injured at work prior to this claim? If so, please describe \_\_\_\_\_

Do you have other medical diagnosis/issues? If so, please describe \_\_\_\_\_

Hospital(s) seen for other medical issues \_\_\_\_\_

Doctors(s) seen for other medical issues \_\_\_\_\_