

Intake Questionnaire

Life for an injury victim often times becomes much more difficult after the injury. 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. Each will require the victim or a representative to provide them with documentation. If you are the person providing the documentation, filling in the form below will prepare you for most of the questions these individuals need answered.

Name: _____

Date of incident: _____ Date of birth: _____

Social security #: _____

Address: _____

Home phone: _____ Work phone: _____

Mobile phone: _____

Email address: _____

How did you find us? _____

Best method to reach you? _____

Best times to reach you? _____

Married _____ Single _____ Divorced _____ Number of children _____

If married, spouses name? _____

On what date did your injury occur? _____

Where did your injury occur? City _____ State _____

County _____

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How did your injury occur? Describe how your injury occurred. _____

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

Describe your injury/injuries. _____

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

Employer's address: _____

Employer's telephone number: _____

Are you currently working? _____

Expected 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 (i.e., you cannot 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.

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Have you previously consulted with an attorney regarding your case? Y or N
If yes, please provide attorney and firm name, address, and telephone number for all consulted.

Is your relationship with the attorney ongoing? Y or N
Has an attorney declined to represent you in this matter? Y or N
If yes, why?

Questions you have about your case:
