

CONFIDENTIAL CLIENT INFORMATION SHEET

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Today's Date: _____

Date of Incident: _____

A. CLIENT INFORMATION

Name: _____

Address: _____

Phone Numbers: _____ (home) _____ (work)

Social Security Number: _____

Driver's License Number: _____

Age; Date of Birth: _____

Marital Status: _____ Spouse's Name: _____

Children: _____

Whom may I thank for referring you?: _____

B. INCIDENT INFORMATION

Date of incident: _____ Time of day: _____

Day of week: _____

Weather and other conditions: _____

Exact location: _____

Description of what occurred: _____

C. MAP OF THE SCENE OF THE INCIDENT:

Police Department that responded:

Was anyone cited? _____ If so, for what?

List any witnesses, their addresses, and phone numbers:

	<u>Name</u>	<u>Address</u>	<u>City, State, Zip</u>	<u>Phone</u>
1)				
2)				
3)				
4)				
5)				
6)				
7)				

D. PHYSICAL INJURIES

Were you hurt during the incident?

Initial complaints after the incident:

E. WAGE LOSS

Employer's name and address:

Description of job duties **before** the incident
(work responsibilities, hours worked, type of work):

Wages/salary: _____ per month / year (circle one).

Total days missed:

How much are your lost wages?

Employment over last 10 years:

Highest grade completed:

Special training, if any:

F. ADDITIONAL INFORMATION REGARDING THE INCIDENT:

Please provide:

- 1) Photographs of anything involved in the incident;
- 2) Pictures of the scene of the incident;
- 3) Pictures of any visible injuries such as seatbelt bruises, stitches, burns, or other injuries; and
- 4) Any police reports or other records relating to the incident.

Send copies of all medical billings you receive and keep track of all days you miss from work as a result of your injury or treatment of the injury.

If you have any questions, please do not hesitate to call or stop by my office.

Thank you.