

PERSONAL INJURY CONSULTATION

1

Today's Date

Date of Accident

Name

Email Address

2

Date of Birth

Social Security Number

Street Address

City

State

Zip Code

Home Phone

Work Phone

Cell Phone

Occupation

Employer

Employer Street Address

Employer City

Employer State

Employer Zip Code

Date of Employment

Rate of Pay

Highest Education Attained

Drivers License Number

State Issued

Married

Single

Divorced

Widowed

Spouse's Name

Spouse Street Address (if different)

Spouse City

Spouse State

Spouse Zip Code

Name and Ages of Children - if none, please indicate

Have you ever been convicted of a crime, misdemeanor, or felony? If yes, please explain.

Yes

No

3 Have you ever in an accident before? If yes, when?

Yes No

Were you injured? If yes, please list injuries and treatment below.

Yes No

4 CURRENT ACCIDENT INFORMATION

Name of other party involved in the accident

Date of accident

Time of accident

Location of accident

Please describe what happened.

Please also attach pictures or a diagram of what happened.

5 Please describe the injuries you received in the accident

Have you ever experienced the injuries listed above before the accident? If yes, please describe when and how the injuries were incurred.

Yes No

6 List all hospitals, clinics, doctors, health care providers, and dates of treatment for your injuries from this accident.

Name and address

Dates

➔ If you were transported to the hospital by ambulance, please make sure the hospital and ambulance service are aware of your insurance information.

Yes No

7 Were you wearing a seatbelt at the time of the accident?

Was an airbag installed for the position in which you were riding in the vehicle?

Did the airbag deploy?

Did either the airbag or seatbelt malfunction during impact?

Are there photos of the persons or things involved in the accident?

If yes, how many?
Photos of whom or what?
Where are the photos?

8 Were the police called to the scene of the accident?

Yes No

Colorado Springs Police?

Colorado State Patrol?

Other?

Yes No

Did the police/authorities take photos of the scene or parties involved?

9 Did you lose income or incur expenses as a result of the accident? If yes, please describe below.

Yes No

10 HOW DID YOU HEAR ABOUT US? (Please select all that apply.)

Internet search/
FindLaw/Lawyers.com

Anderson & Travis
Website

Facebook/Social Media

Better Business Bureau

Bar Listings/
Attorney Referral

I am a previous client

Referral - I was referred by:

This consultation does not constitute representation by an attorney beyond today's initial consultation. To enter an attorney/client relationship after today's consultation, you must sign a fee agreement. Without a written signed fee agreement, Anderson & Travis will not perform any further legal services on your behalf. By typing or signing your name below, you acknowledge that the information you provided is accurate and that you have read this entire document.

Type your name or sign here