

JODI HEAD LOPEZ & ASSOCIATES, P.C.

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CLIENT INTERVIEW SHEET

Date: _____

Please complete this questionnaire. If you will spend the time to complete all items, you will give us the background information necessary to begin to understand the complexity of the personal aspects of your legal problem. All information will be held in strict confidence.

1. Please give your full name, date and place of birth, and Social Security number.

Name: _____

Date Of Birth: _____

Place Of Birth: _____

Social Security Number: _____

Driver's License Number: _____

Dependants: Spouse: _____ Children: _____

2. Where are you living now?

Address: _____

City, State, Zip: _____

3. Please give your residence telephone number: _____

Cell Number: _____

Work Number: _____

E-Mail address: _____

4. Accident Information:

Date of Accident: _____ Time of Accident: _____

Location of Accident: _____

Adverse Driver: Name: _____

Address: _____

Phone: _____

Insurance: _____

Policy No.: _____

Description of Injuries: _____

Was Anyone else in your vehicle? _____

Explain: _____

Description of Accident of Incident: _____

Have Photos been takes of the vehicle or injuries: _____

Have you spoken with or hired another attorney in reference to this accident?

Has Client given a recorded statement to anyone? _____ Whom? _____

Witness to Accident (Name, Address, Phone number):

1. _____

2. _____

P.I.P. Information: Name of Insurance Company: _____

Name of Policy Holder: _____

Policy number: _____

Claim number: _____

Property damage information: _____

Location of vehicle: _____

Year, Make, Model, Color: _____

Did police investigate the accident? (City Police/County Sheriff/Texas DPS) _____

Has Client lost time from work? _____

Employer Name: _____

Employer Address: _____

Supervisor Name and Phone No.: _____

Hospitalization: _____

Ambulance: _____

Doctors:

1. Name: _____

Address: _____

Phone _____ Fax _____

2. Name: _____

Address: _____

Phone _____ Fax _____

3. Name: _____

Address: _____

Phone _____ Fax _____

4. Name: _____

Address: _____

Phone _____ Fax _____

Last Will and Testament:

Do you have a will? _____

If so, prepared by whom? _____

Mail

At what address do you wish to receive mail from this office?

Referral:

Who referred you to this office? _____