DAVID LEE WELLS LAW OFFICE

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BODILY INJURY INTAKE SHEET

The following information will be needed by your attorney in order to properly advise you and handle your case. Please *print* and fill out every applicable question. If a question is not applicable, please write N/A in the space. DO NOT LEAVE BLANKS. **This information will help us help you**. **ELECTRONIC TRANSMISSION & STORAGE:** The Supreme Court of Missouri and Federal Courts have adopted electronic filing for all documents and communication presented to the court. I consent for David Lee Wells Law Office to use the means of electronic transmission and storage including by not limited to: the internet, cloud based networks, mobile networks, mobile devices, email and electronic storage for handling of my matter. I understand that the internet and electronic messaging may be read by others who have access to computers or networks or could be intercepted by others during transmission or storage.

DATE: ____________________ NEW CLIENT: ☐ PRESENT CLIENT: ☐

HOW DID YOU FIND OUR OFFICE? ☐ WALK IN ☐INTERNET ☐ REFERRED BY: ____________________

NAME: ____________________ ADDRESS: ____________________

SSN: __________ DOB: __________ WHERE WERE YOU BORN? __________ U.S. Citizen? ☐Yes ☐No

SPOUSE: ____________________ WHERE WERE THEY BORN? __________ U.S. Citizen? ☐Yes ☐No

EMPLOYER: ____________________ ADDRESS: ____________________

By providing electronic contact information I consent to the use of electronic communication and storage, I acknowledge the risk of interception and loss of confidentiality.

CELL PHONE: (   ) ____________________ HOME PHONE: (   ) ____________________

BUSINESS PHONE: (   ) ____________________ FAX LINE: (   ) ____________________

EMAIL: ____________________ EMERGENCY CONTACT: ____________________

EMERGENCY CONTACT #: ____________________ E CONTACT ADDRESS: ____________________

NOTICE: David Lee Wells does not give immigration advice or tax advice. You must discuss those issues with a specialized attorney. If you are not a United States Citizen and plead guilty or are found guilty of a crime, abuse, protective order and/or for other reasons you may be deported.

DESCRIBE WHAT HAPPENED Date of Accident __________ LOCATION ____________________

WITNESS(ES) & Passengers: Name ____________________ Phone# : ____________________

ADDRESS: ____________________

WERE PASSENGERS INJURED (if so, how?): ____________________

DESCRIBE INJURIES BRIEFLY AND PARTS OF THE BODY HURT: ____________________

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DOCTORS THAT YOU HAVE SEEN FOR YOUR INJURY: (Name, Address, Telephone, Dates Seen, Amount Medical Bills)

1) ____

2) ____

3) ____

4) ____

5) ____

HOSPITALS THAT YOU HAVE BEEN TO DUE TO YOUR INJURY: (Name, Address, Telephone, Dates Seen, Amount Medical Bills)

1) ____

2) ____

AMBULANCE (i.e. taken from the scene in an ambulance): ______________________________

EMPLOYER: (Rate of Pay, Time Off) ____

WHAT TYPE OF MEDICAL INS DO YOU HAVE?: ☐HMO ☐PPO ☐UNINSURED ☐MEDICARE ☐MEDICAID

MEDICAL INSURANCE: ______________________ ADDRESS: ________________________

DID YOUR EMPLOYER PROVIDE MEDICAL INSURANCE?: ____________________________

WHERE YOU WORKING AT TIME OF INJURY?: ☐Yes ☐No DID YOU NOTIFY EMPLOYER?: ☐Yes ☐No

HAVE YOU FILED A WORKERS COMPENSATION CLAIM ☐Yes ☐No

NAME, ADDRESS, TELEPHONE YOUR AUTO INSURANCE COMPANY: ___________________________

____

INSURANCE COVERAGE: ☐ BODILY INJURY ☐ PD ☐ UMI ☐ MED PAY ☐ COLLISION

☐ COMPREHENSIVE ☐ HOSPITALIZATION

CLIENT'S VEHICLE:(YEAR, MAKE, MODEL & LICENSE #) ______________________________

WAS THE VEHICLE TOWED ☐ YES ☐ NO NAME OF

COMPANY____________________________

LOCATION OF YOUR VEHICLE NOW:

____

WHERE PHOTOS TAKEN OF YOUR CAR: ______________________ BY WHOM: _______________

WHO PAIDED FOR REPAIRS TO YOUR VEHICLE?: ___________________________________

OPPOSING PARTY: ____

NAME ADDRESS PHONE#

OPPOSING PARTY INSURANCE COMPANY CO: ____________________

OPPOSING INSURANCE ADJUSTER: ____________________ PHONE #: ____________________

OPPOSING LAWYER: ____________________ PHONE #: ____________________

OTHER DRIVERS VEHICLE:(YEAR, MAKE, MODEL & LICENSE #) ____________________

LOCATION OF THE OTHER DRIVERS VEHICLE: ____________________

WITH REGARD TO THIS MATTER I HAVE CONTACTED THE FOLLOWING ATTORNEYS:

1) ____________________, 2) ____________________, 3) ____________________

I AM SEEKING REPRESENTATION ON <u>ONLY</u> THIS MATTER: YES ☐ NO ☐

IN ADDITION TO THIS MATTER I AM SEEKING REPRESENTATION ON THE FOLLOWING MATTER(S):

MATTER #2: REGARDING:

____

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FILE DESTRUCTION POLICY: The attorney will retain the paperwork generated on a legal matter for one (1) year after the conclusion of the legal matter in storage. After one (1) year, unless you instruct my office otherwise, in writing, to the contrary we have the authority to destroy the file including your original documents without further notice to the client. The client should <u>obtain all documents</u> the client desires from the file <u>at the time of the conclusion</u> of the matter, and no later than three (3) month after the file is closed.

TRUE AND ACCURATE: I have read and understand the above and foregoing and the information I have provided is true and accurate to the best of my knowledge and belief and I am only seeking advice on the matter and/or matter(s) I have listed above.

SIGNATURE ____________________ **DATE** ____________________

DO NOT WRITE BEYOND THIS POINT - ATTORNEY USE ONLY

REMARKS AND TO DO

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STATUTE OF LIMITATIONS: ____________ OPENED BY _______ ATTY RESPONSIBLE ________

FEE ARRANGEMENT

CONTINGENT ON SETTLEMENT _________________ % SET FOR TRIAL _____________ %

☐ OBTAIN POLICE REPORT

FILES

☐ OPEN NEW FILE ☐ INCLUDE IN EXISTING FILE #: ___________ ☐ NO FILE

CONFLICT OF INTEREST BY: ________________ DATE _________

SIGNED EMPLOYMENT AGREEMENT DATE: _____________

SIGNED MEDICAL AUTHORIZATIONS DATE: _____________

NON-EMPLOYMENT:
David Lee Wells will do nothing in this matter. He has told me to see another attorney. I have____ years to sue the other party.

DATE:_________________________ SIGNATURE:____