

THE LAW OFFICES OF PAUL T. FANNING, P.C.

Tyler, Texas

PERSONAL INJURY BASIC INFORMATION

Today's Date: _____

You:

Name: _____
(First) (Middle) (Last)

Address: _____
(Street) (City) (State) (Zip)

Home Phone: () _____ Office: () _____

Fax Phone: () _____ Date of Birth: _____

E-Mail: _____ Secure? _____

Do You Check Daily? _____ Okay to communicate with you online? _____

Social Security No. _____ Driver's License No. _____

Your Current Employment:

Employment: _____
(Employer's Full Name)

(Street) (City) (State) (Zip)

Date Employed: _____ Job Description/Title: _____

Name of Supervisor: _____ Phone: _____

Rate of current compensation: \$ _____ per _____

How many hours do you usually work per week? _____

Your Auto Insurance:

Name Of Your Auto Insurance Company: _____

Your Auto Insurance Company's Address: _____

_____ Its phone number: (800) _____

Your Auto Policy Number: _____

Did you bring your auto policy with you? _____ If not, will you please bring it or send it to us as soon as possible? _____
When? _____

PIP Coverage Limit: \$ _____ U/M Limit: \$ _____

Name Of Your Auto Insurance Agent: _____

Your Auto Insurance Agent's Address: _____

_____ Phone number: (800) _____

Your Medical Insurance Company:

Name Of Your Medical Insurance Company: _____

Your Medical Insurance Company's Address: _____

_____ Its phone number: (800) _____

Your Medical Insurance Policy Number: _____

Did you bring your medical policy with you? _____ If not, will you please bring it or send it to us as soon as possible? _____
When? _____

May we make a copy of your medical insurance card? _____

OPPOSING PARTY:

Name: _____
(First) (Middle) (Last)

Address: _____
(Street) (City) (State) (Zip)

Home Phone: () _____ Office: () _____

Fax Phone: () _____ Date of Birth: _____

Social Security No. _____ Driver's License No. _____

Name Of Auto Insurance Company: _____

Company's Address: _____

_____ Its phone number: (800) _____

Policy Number: _____

Did the defendant check on you or ask if you were feeling okay? _____

If so, what did you say? _____

Did the defendant make any statement indicating fault in causing the collision? _____ If so, what? _____

Did anyone else hear these statements? _____ Who? _____

Accident Or Injury:

Date of Accident or Injury: _____

Approximate Time: _____ Location: _____

Conditions (weather, etc.): _____

Are there any photographs of the scene of the accident? _____

If so, who has them? _____

Witnesses: (Name, Address, and Phone Numbers)

1. _____
(Full Name) (Phone)

(Street address)

(City) (State) (Zip)

() ()
Home Telephone Number Work Telephone Number

2. _____
(Full Name) (Phone)

(Street address)

(City) (State) (Zip)

() ()
Home Telephone Number Work Telephone Number

3. _____
(Full Name) (Phone)

(Street address)

(City) (State) (Zip)

() ()
Home Telephone Number Work Telephone Number

4. _____
(Full Name) (Phone)

(Street address)

(City) (State) (Zip)

() ()
Home Telephone Number Work Telephone Number

5. _____
(Full Name) (Phone)

(Street address)

(City) (State) (Zip)

() ()
Home Telephone Number Work Telephone Number

INJURIES:

Describe them: _____

Latency: How long was it between the time of the accident and the first onset of your injury symptoms? _____

List the name, address, and phone number of each doctor, hospital or therapist you have seen since the accident, and the dates you have seen them:

1. _____
(Full Name) (Phone)

(Street address)

(City) (State) (Zip)

(Dates of Treatment so far)

2. _____
(Full Name) (Phone)

(Street address)

(City) (State) (Zip)

(Dates of Treatment so far)

3. _____
(Full Name) (Phone)

(Street address)

(City) (State) (Zip)

(Dates of Treatment so far)

5. _____
(Full Name) (Phone)

(Street address)

(City) (State) (Zip)

(Dates of Treatment so far)

Were you taken to an Emergency Room? _____ Where? _____

_____ Were you admitted to a hospital? _____

If you were transported by ambulance, name of ambulance company: _____

List the name of the hospital and the date admitted: _____

Have you lost any time from work due to your injuries? _____

How much time? _____

Will you have to lose more time from work? _____

How much time? _____

EMPLOYMENT RELATED/WORKER'S COMPENSATION CLAIM:

Were you "on the job" when you suffered these injuries ("during the course and scope of your employment")? _____
If so, please give the name, address, and phone number of your employer at the time: _____

Name of your supervisor at the time: _____

Did you report your injury to your employer? _____ If so, how long after you were injured did you make the report? _____ Did you file a Worker's Compensation Claim against your employer? _____ What was the disposition of that Claim?

FOR AUTO COLLISIONS ONLY:

Your Vehicle (The One In Which You Were Riding):

Year and Model: _____

Owned by: _____ Amount of damage: \$ _____

Do you understand your obligation to be totally honest and candid with this Firm and that your failure to be that way would be wrong and could impede or prevent us in effectively representing you and could adversely affect you in virtually every aspect of this matter?_____

Do you understand that if you hire this Firm this Firm will investigate your claim and make a determination of whether or not it can and should represent your legal interests, and should it decide it cannot th is Firm will notify you in writing and you will then be free to seek other legal counsel without further obligation to this Firm, and this Firm will keep your communications with it confidential?_____

Acknowledgment And Statement:

I understand if I hire th e Firm to represent me in a personal injury case, its attorneys and staff will be relying upon the information I have submitted on this form and other information I give the Firm from time to time. I understand I have an obligation to be completely truthful and honest in all my communications with my attorneys.

Your Signature

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