



INJURY INTAKE QUESTIONNAIRE

Life for an injury victim oftentimes becomes much more difficult after the injury. Not only does the victim suffer physically (and possibly mentally) as a result of an injury, but now the victim or a representative must deal with doctors, insurance companies and possibly attorneys. Each will require the victim or a representative to provide them with documentation. If you are the person providing the documentation, filling in the form below will prepare you for most of the questions these individuals will require.

Full name: _____

Date of birth: ____ / ____ / ____

Social security number: _____ - _____ - _____

Address: _____

Home phone: (____) ____ - _____ Work phone: (____) ____ - _____

Mobile phone: (____) ____ - _____ E-mail address: _____

Best method to reach you: _____

Check: Married ____ Single ____ Divorced ____ Number of children ____

Name of spouse (if married): _____

On what date did your injury occur? ____ / ____ / ____

Where did your injury occur? City _____ State ____ County _____

DC Legal, LLC

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How did your injury occur? Check one:

- Aircraft accident
- Animal bite or attack
- Assault and battery
- Defective premises
- Defective product
- Police negligence
- Medical malpractice
- Motor vehicle accident
- Slip or trip and fall
- Water-related accident
- Other (please specify): _____

Describe how your injury occurred.

Who do you believe caused or is responsible for your injury, and why?

Please provide full names, telephone numbers, and addresses for all other parties involved.

Party #1: _____

Party #2: _____

Party #3: _____

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Describe your injury(ies): _____

List all doctors and all other health care providers who have treated your injuries, including their names, addresses, and telephone numbers.

Total medical expenses incurred to date to treat your injuries: \$ _____

Total medical expenses you expect to incur in the future: \$ _____

List the name(s), address(es), and telephone number(s) of all insurance companies that may be involved (including, as applicable: automobile insurer, health insurer, disability insurer, homeowner's insurer, etc.). *Please state which party the company insures.

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Have you had any previous injuries? _____ If yes, please describe what caused the injury, what was injured, treatment sought, and outcome:

Have you lost income as a result of your injuries? Yes _____ Amount \$ _____ No _____

Income before injury: \$ _____ per _____

Income after injury: \$ _____ per _____

Employer: _____

Job title: _____

Employer's address: _____

Employer's telephone number: (_____) _____ - _____

Are you currently working? Yes _____ No _____ Expect to return to work on: ___/___/___

Will not return to work: _____

Are you in pain? If so, describe.

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Describe any other way(s) in which your life has changed as a result of your injuries. (For example, "I used to regularly go to the gym, but now I'm in too much pain." Or "I have a large scar on my face." Or "I'm unable to care for my young children.")

If married, has your spouse experienced any losses as a result of your injury? If so, describe.

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List the names, addresses, and phone numbers of any possible witnesses in your case.

Have you previously consulted an attorney regarding your case? Yes ____ No ____

If yes, provide the attorney's name(s), the firm's name(s), the address(es), and telephone number(s). _____

Is your relationship with the attorney ongoing? Yes ____ No ____

Has an attorney declined to represent you in this matter? Yes ____ No ____

If yes, why? _____

Questions you have about your case: _____

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