



## PERSONAL INJURY CASE CHECKLIST

Client: \_\_\_\_\_

Initial Meeting: \_\_\_\_\_

### CLIENT INFORMATION

Name: Mr. Mrs. Ms. Dr. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

### ACCIDENT

#### Client Description

#### Pertinent Information

Date and Time of Accident: \_\_\_\_\_

Location: \_\_\_\_\_

Passengers: 1) \_\_\_\_\_ 2) \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: (H) \_\_\_\_\_

Phone: (H) \_\_\_\_\_

(W) \_\_\_\_\_

(W) \_\_\_\_\_

(C) \_\_\_\_\_

(C) \_\_\_\_\_

Injuries: \_\_\_\_\_  
\_\_\_\_\_

Injuries: \_\_\_\_\_  
\_\_\_\_\_

### Other Driver Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Insurance Company: \_\_\_\_\_

### Photos

	Date Taken	Quantity	Description
Accident Scene			
Car/Property Damage			

### HISTORY

#### Prior Accidents

Date	Injuries	Claim or Suit?	Outcome

#### Past and Present Medical Providers

Name	Area of Practice	Address	Telephone No.

**Prior Surgeries**

Doctor	Hospital	Type of Surgery	Date of Recovery

**Medical Records**

Facility	Date Requested	Date Received	Cost

**Settlement Attempts**

Description	Date Sent/Received	Offer	Accepted	Rejected
Demand Letter to Insurance Company				
Response from Insurance Company				
1 <sup>st</sup> Counteroffer				
2 <sup>nd</sup> Counteroffer				

**Pleadings**

Summons and Complaint	Filed:	Served:
Answer	Filed:	Received:
Defendant's Interrogatories and Requests for Production	Received:	Responded:
Plaintiff's Interrogatories and Requests for Production	Sent:	Received:

**Depositions**

Name	Date and Time	Place	Date Received

**Subpoenas**

Issued To	Issued By	Date Issued	Response Sent/Received

**Pending Motions**

Motion	Date of Notice	Date and Time	Courtroom

**Jury Trial**

Date: \_\_\_\_\_

Verdict/Award: \_\_\_\_\_

Final Order Received: \_\_\_\_\_