



ATTORNEY QUESTIONNAIRE

Law Firm of Record:

Attorney Name:	Email:
Address:	
Phone:	Fax:
Case contact:	

Client Name:

(if minor) Guardian's Name:

Address:

Phone: (home) _____ (Cell) _____ (Work) _____

Date of Birth: _____ SSN: _____

Gender: _____ Preferred Language: _____

CASE INFORMATION:

Type of case:	Date of incident:	County:	State:
Incident facts:			
Does client have any open claims, cases or additional accidents?			
Property damage (\$):		Photos:	
Name(s) /Address of defendant(s):			
Incident report filed?	Date filed and court:	Trial date (if set):	
Has suit been filed?			
Current demand amount: \$		Current offer amount: \$	
Date of demand:		Date of offer:	

INSURANCE CARRIER INFORMATION:

Name of defendant's insurance carrier:			
Policy limits:		Has carrier accepted liability?	
Claim #:		Has carrier issued a denial of liability?	
Check all that apply:		Carrier Name	
<input type="checkbox"/>	PIP/No-Fault carrier	_____	Limits: \$ _____
<input type="checkbox"/>	Med Pay carrier	_____	Limits: \$ _____
<input type="checkbox"/>	UM/UIM carrier	_____	Limits: \$ _____
<input type="checkbox"/>	Auto insurance carrier	_____	Policy # _____
<input type="checkbox"/>	Health insurance carrier	_____	Policy # _____

