



**Erwin Mark Stephens
Attorney at Law, LLC**

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PERSONAL INJURY INTAKE QUESTIONNAIRE

Legal Name _____

Date of Birth ____/____/____

Social Security Number ____-____-____

Address _____

Home phone (____) ____-____

Mobile phone (____) ____-____

Emergency Contact Name _____ Phone Number (____) ____-____

E-mail address _____

Best method to reach you _____

Best times to reach you _____

How did you hear about Erwin Mark Stephens, LLC _____

Married ____ Single ____ Divorced ____ Number of children ____

If married, spouse's name _____

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

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

What type of injury did you suffer?

- Animal bite or attack
- Assault and battery
- Defective premises
- Medical malpractice
- Motor vehicle accident
- Slip or trip and fall
- Other _____

Describe how your injury occurred. _____

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

Describe your injury(ies). _____

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

Have you incurred any out of pocket costs? If so, please describe and itemize:

Do you have Health Insurance _____, If yes, with whom? _____

List the names, policy numbers, of all insurance companies that may be involved in the accident. If an adjuster has been assigned, provide their information as well.

Police Report Number _____

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

Employer _____

Position _____

Employer's telephone number (____) _____ - _____

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

Will not return to work ___

List the names, addresses, and phone numbers of any possible witnesses in your case, including *all* passengers for a motor vehicle accident (even minors).

LEGAL

Have you ever experienced any of the following, *regardless of whether a claim or case was brought*. If so, provide a brief description of the incident, including your injuries.

- Prior Auto Accident

- Prior Workers' Compensation Injury

- Prior Slip and Fall

- Other

Have you previously consulted an attorney regarding your case? Yes ____ No ____
If yes, provide the attorney's name(s), the firm name(s), and the telephone number(s).

Questions you have about your case: _____
