



CLIENT INFORMATION
WORKERS' COMPENSATION

Date: _____

Attorney: _____

I. Referral Information

How were you referred to our office? Direct Mail _____

Doctor _____ Attorney _____

Client/Former Client _____ Outdoor Ads _____

TV (Brighthouse) (Verizon Fios) Other _____

| | | | | |
|-----------------------------------|-------------------|-------------|----------|-----|
| Yellow Pages (circle correct ad): | Hernando County - | attorney ad | criminal | W/C |
| | New Port Richey - | attorney ad | criminal | W/C |
| | Tarpon Springs - | attorney ad | | |
| | Clearwater - | attorney ad | | W/C |
| | St. Petersburg - | attorney ad | criminal | |
| | Manatee - | attorney ad | | W/C |

II. Client Personal Information

First, Middle, Last Name: _____

Address: _____
Street
City
State
Zip

Telephone: Home _____ Work _____ Cell _____

Email Address: _____

I am granting permission for the law firm to forward confidential information to me regarding my case via Email. Yes/No

Legal Social Security Number: _____ Sex: _____ Race: _____

Are you a U.S. Citizen? _____ If not, what is resident status? _____

Date of Birth: _____ Age: _____ Is injured party a minor? Yes No

If minor, name of parent/guardian: _____

Name/address/telephone of nearest relative/next of kin: _____

Emergency Contact: Name: _____ Phone #: _____

Address: _____

Are you literate in English? Yes No Are you a high school graduate? Yes No

If you are not a high school graduate, GED? Yes No Years of college completed: _____

Have you ever been involved in a lawsuit? Yes No If yes, please explain the nature, date, county and state of the lawsuit: _____

Married: Yes No If yes, spouse's name: _____

Dependents: _____

Have you served in the military? Yes No If yes, in what branch did you serve? _____

Have you ever been convicted of a felony? Yes No If yes, please state the charge, date, county and state of the charge: _____

III. Accident and W/C Benefits Information

Date of accident: _____ Time of accident: _____

Where did accident occur? (include city, county and state) _____

Description of accident (Were you struck by some object? Did you fall? Did you strain yourself? Were you exposed to some toxic substance or some other job-related disease?)

Description of work being performed when you were injured: _____

Who witnessed the accident? _____

Was a third party other than your employer involved? Yes No If yes, please explain: _____

Supervisor: _____ Date employer notified of the accident? _____

Who was notified of accident? _____ District: _____

Employer: _____

Address: _____
Street City State Zip

Phone: _____

Workers' compensation carrier: _____

Address: _____
Street City State Zip

Phone: _____ Adjuster: _____

What is your current work status according to your treating doctor?(circle) TTD TPD WL PT Since
what date? _____

Date you started missing time from work: _____ Date last worked: _____

Employment start date: _____

Have you received any workers' compensation checks since the accident? Yes No If yes, for
what period? _____

Are you receiving checks now? Yes No If yes, biweekly monthly? If no, when did you
receive your last check? _____ In what amount? \$ _____

Has the amount of your check changed since the accident? Yes No If yes, when? _____

Are your medical bills being paid? Yes No If no, approximate amount owed: \$ _____

Are you receiving reimbursement for mileage? Yes No For prescriptions? Yes No

Are you receiving any of the following:

(a) Unemployment Compensation Yes No
If yes, for what time periods? _____

(b) Social Security Disability Yes No If No, Have you applied for
SSDI? _____ If yes, when did it begin? _____ Amount: \$ _____

(c) Social Security Retirement Yes No
If yes, when did it begin? _____ Amount: \$ _____

(d) Private Insurance benefits Yes No
If yes, what is the value? \$ _____

(e) Medicare/Medicaid Benefits? Yes No
If yes, amount paid to date: _____

(f) Will you be eligible for Medicare benefits within the next five years? _____

Have you had any significant medical problems in the past? Yes No If yes, please explain: _____

Have you previously been injured in an automobile accident, work-related accident, fall or any other type of accident? Yes No If yes, please provide the following information:

Date of Accident *Type of Accident* *City/State* *Injuries*

IV. Employment Information (for employer at time of accident)

Job Title/Description/Work Responsibilities: _____

Earnings on date of accident: \$_____ hourly weekly monthly yearly

Number of hours worked per week: _____ AWW: \$_____ CR: \$_____

“Fringe” (health insurance, disability insurance) benefits provided by employer:

Amount/value of “fringe” benefits: _____ weekly/monthly

Date “fringe” benefits terminated: _____ Has your compensation rate been adjusted to include the value of your “fringe” benefits? Yes No

Did you fill out a pre-employment application with the employer? Yes No If yes, were you asked about previous injuries? Yes No If asked, did you reveal prior injuries and claims on the application form? (Martin v. Carpenter _____)

Date you started missing time from work : _____ Date you last worked: _____

Please list your employment history for the past 5 to 10 years:

Employer Job Title Date of Employment Salary

Hospital – Admitted: _____

Primary treating physician/Quick Care Facility:

Orthopedist: _____

Neurologist: _____

Physiatrist (Physical Medicine/Rehabilitation): _____

Physical Therapy Facilities: _____

MRI/Diagnostic Testing Centers: _____

Other: _____

Please provide the name, city and state of all physicians with whom you have consulted AND all hospitals where you have been treated, **other than for this accident, within the past ten (10) years:**

VI. Additional Information

Have you received assistance/benefits through any social service agency as a result of the injuries you sustained in this accident? Yes No If yes, please provide the name of the agency providing such assistance/benefits: _____

Do you currently pay or owe past child support? Yes No If yes, answer below:

Are you current in your child support payments? _____

County and State where child support owed: _____

Amount paid each month currently: _____

Current amount of child support arrearage: _____

Do you owe past Child Support? _____ State: _____ Amount: _____