

Law Firm

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CLIENT INTAKE FORM

PERSONAL INFORMATION

CLIENT: Robert Myers DRIVER OR PASSENGER

ADDRESS: 1314 Shore Drive Anacortes, WA

PHONE: (H): _____ (M) _____ (OTHER) _____

DOB: 5/15/79 DL#: _____ () SS#: _____

EMAIL: _____ PREFERRED CONTACT METHOD: _____

MARITAL STATUS: Single NAME OF SPOUSE: _____

IF CLIENT IS A MINOR -

FATHER: _____ N/A TELEPHONE: _____

MOTHER: _____ TELEPHONE: _____

EMPLOYMENT INFORMATION

EMPLOYER: Anacortes Elementary

ADDRESS: _____

EMPLOYER PHONE NO.: _____

JOB DESCRIPTION: Facilities Manager

WEEKLY OR YEARLY GROSS INCOME: 45K/year

WAGE-LOSS VERIFICATION FORMS GIVEN TO CLIENT? _____

ANY TIME MISSED FROM WORK? 2 weeks

ACCIDENT INFORMATION

DATE OF ACCIDENT: LOCATION: Delta Ponds ^{Sidewalk} TIME: ~ 2pm

COUNTY: LANE INVESTIGATING AGENCY: lane AC

COPY OF ACCIDENT REPORT? NO - ☒ NEED TO REQUEST

DID ANYONE RECEIVE A CITATION/TICKET? IF YES, WHO?

DESCRIBE THE ACCIDENT: Client was walk'n dog to Delta Ponds
When loose German Shepard ran up —
out of nowhere and attacked PC's dog
and PC. PC injured arms & legs plus
right hand. Treated at ER plus
follow-up. surgery

ANYONE ELSE IN YOUR VEHICLE? NAME N/A INJURED?

YEAR/MAKE/MODEL OF VEHICLE:

EST. PROPERTY DAMAGE: \$

ANY PICTURES OF PROPERTY DAMAGE? N/A

IS THE PROPERTY DAMAGE CLAIM SETTLED? N/A

WHERE IS VEHICLE LOCATED?

OWNER OF VEHICLE?

ANY WITNESSES? IF SO, PLEASE LIST: