PERSONAL INJURY CRIMINAL LAW CIVIL RIGHTS FAMILY LAW

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PROTECTING YOUR RIGHTS
ROCKEFELLER Law Center
Serving all of Central Georgia

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CONFIDENTIAL BODILY INJURY INFORMATION FORM

Please fill out the following completely, attach additional sheets if necessary

Date Form Printed:

How (referral?) did you find us? _____

Name of any Other Attorney that you Retained: _____

Date of Incident (s) _____

Reason for Contacting an Attorney _____

_____

_____

Name	**Married?**	Yes ☐ No ☐
Address	**Divorced?**	Yes ☐ No ☐
City, State, Zip	**No. of Marriages**	
Phone (Home)		
Phone (Work)		SPOUSE
Phone (Other)	**DOB**	
Relative (Phone)	**SSN**	
DOB	**Spouse (Work)**	
SSN	**Spouse (Other)**	
Education	**No. of Marriages**	
Other Name	**Education**	
SSN	**SSN**	
Maiden Name	**Maiden Name**	

E-Mail Address: _____

Date of Marriage: _____ _____ (City) _____ (County) _____ (State)

Your Employment Name/Address _____ **For how long?** _____

County/State previously lived in? _____ **For how long?** _____

Spouse Employment Name/Address _____ **For how long?** _____

Have you ever/currently served in a branch of the military? YES ☐ No ☐

Has your spouse ever/ currently served in the military? YES ☐ No ☐

Have you or your spouse ever been involved in a claim or lawsuit? YES ☐ No ☐

Do you have any **minor** children **other than** with your current spouse? YES ☐ No ☐

Does your spouse have any other **minor** children? YES ☐ No ☐

Have you or current spouse ever declared bankruptcy? YES ☐ No ☐

Have you or current spouse ever been convicted of a **FELONY**? YES ☐ No ☐

Have you or current spouse ever been convicted of a **MISDEMEANOR**? YES ☐ No ☐

Gross Monthly Incomes You _____ Spouse _____

Do YOU have health insurance through your/spouse's employment? **YES** ☐ **NO** ☐

Do YOU receive ANY health benefits from Medicaid/Peach Care? **YES** ☐ **NO** ☐

Do YOU receive ANY health benefits from Medicare? **YES** ☐ **NO** ☐

Have YOU or YOUR SPOUSE sued for damages? **YES** ☐ **NO** ☐

Have YOU or YOUR SPOUSE ever BEEN sued? **YES** ☐ **NO** ☐

General Investigation Questions

Is there a police accident/incident report concerning your injury? **YES** ☐ **NO** ☐

Did YOU or ANY family member/witness speak with the police? **YES** ☐ **NO** ☐

Did YOU or ANY family member/witness speak with an adjuster? **YES** ☐ **NO** ☐

Did the OTHER party speak with police, an adjuster or any other investigator? **YES** ☐ **NO** ☐

Do you have a copy of ANY statements? **YES** ☐ **NO** ☐

Have YOU or ANY family member/witness written down what happened? **YES** ☐ **NO** ☐

Have YOU or ANY family member/witness kept a "diary"? **YES** ☐ **NO** ☐

Health Questions (if applicable)

Did you go to the Emergency Room the same day of the incident/accident?	**YES**	☐	**NO**	☐
Were you taken to the Emergency Room by an Ambulance?	**YES**	☐	**NO**	☐
Have you ever been treated for any type of fall before?	**YES**	☐	**NO**	☐
Have you ever received medical treatment for joint, spine, or bone injury before?	**YES**	☐	**NO**	☐
Have you ever formally filed a claim for a bodily injury before?	**YES**	☐	**NO**	☐

For Automobile Accident cases ONLY

Do YOU or ANY family member have any automobile accident insurance?	**YES**	☐	**NO**	☐
Are there multiple separate policies for each vehicle owned by your family?	**YES**	☐	**NO**	☐
Do you have the body shop records or estimates to the car you were riding?	**YES**	☐	**NO**	☐
Do you or your insurance company have any pictures of any of the cars?	**YES**	☐	**NO**	☐

Give *Names, Dates of Birth & Social Security No. of all of YOUR Children*

	NAME	**DATE OF BIRTH**	**SSN**
1.			
2.			
3.			
4.			
5.			

Witnesses

(Either to Incident or to Injuries)

	NAME	ADDRESS	PHONE NOS.
1.			
2.			
3.			
4.			
5.			

Treating Physicians

	NAME	ADDRESS	PHONE NOS.
1.			
2.			
3.			
4.			
5.			

Do you have know of any "MedPay" that might be applicable? Yes ☐ No ☐

Do you have "Uninsured Motorist's Insurance" (UM) that might be applicable? Yes ☐ No ☐

Please present your Driver's License,
Auto and/or Health Insurance cards to our assistant to copy