



SELARZ LAW CORP.

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Client Intake Questionnaire

1) Name: [Client's Name] Date of Birth: _____

2) Contact Information:

Address: _____

Phone No.: _____ Email: _____

3) Alternate Contact Persons (Please list two):

Name: _____ Relationship: _____ Phone No.: _____

Name: _____ Relationship: _____ Phone No.: _____

4) Social Security Number: _____

5) Marital Status: Single Married Spouse's Name _____

6) Country of Legal Residence: United States Other: _____

7) Date of Accident: _____

8) Type of Case: Motor Vehicle Slip-and-Fall Dog Bite

Product Defect Other: _____

9) At-Fault Party's Information (Name, address, phone number, license, etc.): _____

10) Facts of Case (Please give as much detail as possible about what happened): _____

11) Was a Police Report taken? Yes No

12) Insurance Information:

Your Automobile Insurance Provider: _____

Policy No.: _____ Claim No.: _____

Your Health Insurance Provider: _____

Policy No.: _____ Primary Policy Holder: _____

Medicare No.: _____ Medi-Cal No.: _____

13) Other Party's Insurance Information *(If known):*

Defendant's Insurance Provider: _____

Policy No.: _____ Claim No.: _____

Name of Adjuster: _____ Phone No.: _____

14) Property Damage *(Description of damage and if/where it is being repaired):* _____

15) Physical Injuries *(Description of injuries):* _____

16) Have you received medical treatment? Yes No

17) Health Care Providers *(Please use additional paper if necessary):*

Facility Name: _____

Address: _____ Phone No.: _____

Facility Name: _____

Address: _____ Phone No.: _____

Facility Name: _____

Address: _____ Phone No.: _____

18) Did you miss work because of your accident? Yes No

Employer: _____ Phone No.: _____

19) Witness Information *(Please use additional paper if necessary):*

Name: _____ Phone No.: _____

Name: _____ Phone No.: _____

Name: _____ Phone No.: _____

20) Prior Accidents/Workers' Compensation Claims:

Date: _____ Injuries: _____

Date: _____ Injuries: _____

Date: _____ Injuries: _____

21) Who referred you to us? _____

22) Additional Information: _____

