



SELARZ LAW CORP.

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July 5, 2019

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SENT VIA [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Tel: (xxx) xxx-xxxx

Fax: (xxx) xxx-xxxx

[Email Address]

GENERAL LAWSUIT INSTRUCTIONS

Dear [Mr./Ms.] [Client's Last Name]:

Thank you for retaining us to represent you in connection with the above referenced accident. We have begun the investigation of your case and we will exert our best efforts on your behalf. Included herein is a fully executed copy of your Attorney-Client Agreement.

In order for us to obtain the best results for you, please read and observe the following important instructions carefully:

1. **DO NOT DISCUSS YOUR CASE WITH ANYONE.** If a representative from any Insurance Company questions you or any member of your family about your case, please find out his name, the company he/she represents and refer him/her to our office. Do not give them any information or sign any papers.
2. **ANY OTHER CORRESPONDENCE.** If you receive any correspondence regarding your case from any source whatsoever, including any and all medical records and bills, simply forward it to our office. If any of the correspondence requires your signature, please sign them before sending them to our office.
3. **DOCTORS TREATMENT.** Please make sure you follow your doctor's advice. It is essential that you keep all appointments that he/she schedules for you, as he/she

knows what is best for your recovery. ***PLEASE NOTIFY OUR OFFICE ONCE YOU ARE DISCHARGED FROM YOUR DOCTOR.***

4. **DOCTOR, INSURANCE OR HEALTH CARE BILLS**. Please send us all bills and correspondence from doctors, insurers and health care providers, including but not limited to letters from any insurance companies, your and defendants, medical bills, explanation of benefits and claim forms.
5. **AUTOMOBILE**. If this was an automobile accident and you are the owner of the vehicle, please obtain and send us two (2) written repair estimates of your vehicle as soon as possible. Please also take four (4) different photographs of your vehicle's damages and an additional picture showing the plates of the vehicle for identification purposes.
6. **PICTURES OF INJURIES**. If you suffered any injuries (broken-bones, bruises, scars, lacerations, even if you are wearing a band/cast, etc...), please take different pictures of your visible injuries related to this accident and another picture of yourself for identification purposes and forward them to our office immediately .
7. **LOSS OF EARNINGS**. If you missed any days from work because of this accident, please advise us so that we may send you the proper paperwork. Additionally, you and your supervisor must both be able to show proof of a monthly salary income, when requested.
8. **FORWARD DOCUMENTS**. If you have not already done so, send us copies of your Driver's License/Identification Card and vehicle registration, pink slip and/ or title of the vehicle and insurance policy. If you are other than a driver, send us copies of your Driver's License/Identification Card and insurance policy.
9. **CHANGE OF ADDRESS OR TELEPHONE**. Please inform our office immediately of any change of address, telephone number or other contact information.
10. **SUBSEQUENT ACCIDENTS**. Please inform our office immediately if you are involved in any other accident, since it could affect this case.
11. **NOTE: WHEN SENDING ANY PHOTOGRAPHS, PLEASE WRITE YOUR FULL NAME AND DATE OF PHOTO ON THE BACK OF EACH PICTURE SO THAT WE CAN EASILY MATCH THEM WITH YOUR FILE.**

Please save this letter and refer to it when you are in doubt as to what you should do.

If there is anything further in reference to this letter or your case status, please do not hesitate to contact our office.

Very truly yours,
SELARZ LAW CORP.

Daniel E. Selarz, Esq.