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**CHECKLIST FOR INITIAL CLIENT INTERVIEW
ON PERSONAL INJURY CLAIM**
Print this out and fill in to bring to us for your appointment

Plaintiff Information

Full Name: _____

Address: _____

Home Phone _____ Work
Phone _____ Employer _____

Social Security # _____ Drivers License

Defendant Information

Full Name: _____

Address: _____

Telephone _____ Employment (if known)

Drivers License # _____

If auto accident, obtain above information for both OWNER and DRIVER of vehicle.

Date and Time of Accident _____

Location of Accident _____

Vehicles Involved

Plaintiff's	vehicle	Make	Year	Color	License
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(Ownership)

Defendant's	vehicle	Make	Year	Color	License
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(Ownership)

Plaintiff's Personal History

Date and Place of birth: _____

Educational History: _____

Other family members, marital history, children: _____

Occupational/Employment History: _____

History of all prior injuries or hospitalizations: _____

Accident Facts:

Where Plaintiff was coming from and where going to: _____

Weather conditions: _____

Road conditions: _____

Identity and position in vehicle of any passengers: _____

Direction of Travel: _____

Approximate Speed: _____
Lane: _____

Description of accident: _____

Detailed description of all body movement within vehicle after impact: _____

Detailed description of course of travel of all vehicles after impact: _____

Detailed review of all conversations or discussions at scene of the accident: _____

Evidence of drinking, medications or drugs: _____

Identity of all investigating police agencies and police officers and description of what was done by each:

Means by which plaintiff left the accident scene: _____

Skid marks: _____

Location of debris: _____

Tickets issued: _____

Identity of all witnesses and location of all witnesses: _____

Description of vehicle damage: _____

Injuries

Detailed listing of each injury including date and time of onset of symptomatology: _____

Medical Treatment

Chronological resume of all medical treatment from the time of the accident to the present date:

Listing of each doctor and/or hospital with address and phone number from which Plaintiff has received treatment since the accident: _____

Photographs and other Evidence

Listing of all photographs taken to date: _____

Photographs being
ordered: _____

List all other items of evidence in Plaintiff's
possession: _____

Special Damages

Listing of all medical expenses incurred to
date: _____

Listing of all time lost from work and amount of wages
lost: _____

Other expenses incurred as a result of accident to
date: _____

Amount of property damage
incurred: _____

Insurance

Identity of Plaintiff's no-fault insurance
carrier: _____

Policy number: _____ Adjuster _____ Claim
Number _____

Identity of every other insurance policy carried by Plaintiff or any member of plaintiff's household covering any vehicle owned by any member of the household: _____

Identity of any other applicable insurance covering Plaintiff (Auto Club, etc.)

Identity of defendant's liability insurance carrier and policy number, adjuster and claim number, if known:

Initial Interview Checklist

A. Client occupying Non-owned vehicle

- _____ 1. Identify Owner and Insurer
- _____ 2. Obtain Liability UM and UIM Limits
- _____ 3. Identify all resident relatives owning vehicles, their insurers, limits of coverage and obtain copy of all insurance policies.

B. Client Occupying Owned Vehicle

- _____ 1. Insured - Obtain Copy of Insurance Policy
- _____ 2. Uninsured - Identify all resident relatives owning insured vehicles; obtain copy of all insurance policies; no-fault coverage available but disqualified for UM/UIM

C. Client Occupying Motorcycle

- 1. Owner:
 - _____ a. No-fault coverage purchased
 - _____ b. UM/UIM coverage purchased, owner limited to this amount
 - _____ c. Medical Assistance or Health Insurance involved - subrogation rights.

- 2. Non-Owner:
 - _____ a. No-fault coverage purchased
 - _____ b. UM/UIM coverage purchased, first priority
 - _____ c. Identify all resident relatives owning insured vehicles: obtain copy of all insurance

policies.

_____ d. Medical assistance or Health Insurance involved - subrogation rights

D. Defendant Operating a Non-Owned Vehicle

_____ 1. Identify Insurer of all automobiles owned by the driver, or any resident relative of the driver. Obtain limits.

_____ 2. Identify any umbrella policies that may be available to owner/driver. Obtain limits.

E. Non-vehicle Caused Injuries

_____ 1. Obtain and copy all health insurance contracts

_____ 2. Inquire as to any medical pay coverage available to the defendant.

_____ 3. Is Medicare, Medical Assistance, etc. involved - subrogation rights

F. Alcohol Relate Injuries

_____ 1. Location where Alleged Intoxicated Person (AIP) served known

(a) Give dram shop notice within 120 days of illegal sale or being retained by client

_____ 2, Location of illegal sale unknown

(a) Alter retainer agreement to clearly state that we "have not been retained to pursue or investigate

dram shop claim."

G. Serious/Catastrophic Injuries

_____ 1. Consider Application for Social Security Disability.

_____ 2. Consider Applications for Medical Assistance

_____ 3. Obtain Short and Long-term Disability Policies

(a) Do they coordinate? (b) Do they subrogate? (c) Letter stating we will (not) protect their interests

_____ 4. Obtain Health Insurance Policies

(a) Do they coordinate? (b) Do they subrogate? (c) Letter stating we will (not) protect their interests

H. Out of State Injuries

_____ 1. Auto claim, determine liability limits, less than 30/60 claim

_____ 2. Auto claim, possible subrogation by no-fault carrier; can be extinguished by settlement release.

_____ 3. Immediately determine Statute of Limitations

_____ 4. Research differences in comparative fault, joint and several liability, measure of damages, etc.

I. Exhibits in Client's Control

_____ 1. Property Damage Estimates

_____ 2. Photographs

_____ 3. Itemized Medical Bills

_____ 4. Statements taken prior to representations

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Revised: November 18, 2002 .