

Email completed form to [larry@samlaw.info](mailto:larry@samlaw.info)

SOL: \_\_\_\_\_

**OTHER INJURY FACT SHEET**

Date Completed: \_\_\_\_\_

**Background Information**

Name: \_\_\_\_\_

Other names known by: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Driver's license number: \_\_\_\_\_

Marital status: \_\_\_\_\_

Spouse's name: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

How long have you been employed there? \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Your last date worked before illness or injury: \_\_\_\_\_

Rate of Pay: \$ \_\_\_\_\_ per \_\_\_\_\_

Date returned to work: \_\_\_\_\_

What was your total income for the most recent IRS filing: Total Income: \$ \_\_\_\_\_

Year: \_\_\_\_\_

Did you miss work time or other benefits or income earning potential because of your

Accident: Yes ☐ No ☐.

How much work time did you miss due to the accident: \_\_\_\_\_

List each and every claim or lawsuit in which you have been involved in any way. Include approximate year and parties involved, reasons and results.

\_\_\_\_\_

Have you ever been arrested? \_\_\_\_\_

If yes, please provide the following information:

Date: \_\_\_\_\_ Charge: \_\_\_\_\_

Have you ever been convicted of a crime? Yes ☐ No ☐

If yes, please provide the following information:

Date: \_\_\_\_\_ Charge: \_\_\_\_\_

Date: \_\_\_\_\_ Charge: \_\_\_\_\_

Result (fine, penalty, supervision, etc.) \_\_\_\_\_

Have you ever been charged with a crime of fraud or dishonesty: Yes ☐ No ☐

Have you ever been convicted of a crime of fraud or dishonesty: Yes ☐ No ☐

Have you ever filed for bankruptcy: Yes ☐ No ☐

Which was filed CH 7 or CH 13 (circle one)

Date of filing: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Attorney Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Have you ever been represented by another attorney for this Accident: Yes ☐ No ☐

Attorney Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Did the Attorney withdraw: Yes ☐ No ☐

Give us any other information you feel we should have to represent you effectively in this case:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Your Injuries and Damages**

Body parts affected: \_\_\_\_\_

\_\_\_\_\_

Describe your injury: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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What questions do you have for the attorney?

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**When you return this form please attach any related and appropriate documents including any prior court documents.**

**How did you hear about SAM LAW OFFICE?**

☐ Yellow Pages ☐ Dex ☐ Google ☐ Lawyers.com ☐ Our Website ☐ Bing/Yahoo Ads  
☐ Other (Please describe) \_\_\_\_\_ ☐ Referred by: \_\_\_\_\_