

ABRAMS LANDAU, LTD.
POTENTIAL CLIENT INFORMATION SHEET

Name: _____ Date: _____

Address: _____

Date of Birth: _____ Social Security Number: _____

Home Telephone: _____ Work Telephone: _____

DATE OF INJURY: _____ Cell No./Email: _____

Employer: _____

Employer's Address: _____

Marital Status: Single Married Divorced Widowed Other

Names and Ages of Spouse/Children: _____

Other Dependents: _____

Brief Description of Case: _____

Name, Address, Telephone Number of Witnesses: _____

• Do You Have Major Medical Health Care or Medicaid Coverage? _____ If so, please provide a copy of your insurance card.

• Do you have previous claims or lawsuits? _____ If so, please furnish the nature of any such claims or suits on the reverse side of this form, stating the nature of your injuries, if the matter has been settled or is still in dispute, and your attorney's name, address and telephone number, if any.

• Do you have outstanding bankruptcies or do you anticipate filing bankruptcy in the future? _____ If so, please describe the type, date of filing, disposition and provide us your bankruptcy attorney's name, address and telephone number.

I certify that the foregoing information is true and accurate to the best of my knowledge and belief.

Date: _____ Signed: _____