

**ABRAMS LANDAU, LTD.
POTENTIAL CLIENT INFORMATION SHEET**

Name: _____

Date: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

Date of Injury: _____

Employer: _____

Employer's Address: _____

Date of Birth: _____ Social Security Number: _____

Marital Status: Single Married Divorced Widowed (Circle One)

Names and Ages of Spouse, Children: _____

Dependents: _____

Brief Description of Case: _____

Name, Address, Telephone Number of Witnesses: _____

**ABRAMS LANDAU, LTD.
CLAIM & AGREEMENT TO RETAIN COUNSEL**

This represents my claim for any Workers' Compensation benefits to which I may be entitled for all injuries and disability sustained by me on while in the course of my employment with _____.

I hereby retain and employ Douglas K.W. Landau, Esquire, to represent me before the Virginia Workers' Compensation Commission or any court of competent jurisdiction, in said Workers' Compensation claim.

I agree to pay Douglas K.W. Landau, Esquire, for his services, and all fees awarded him by the Virginia Workers' Compensation Commission or court or commission of any other competent jurisdiction. I further agree to reimburse Douglas K.W. Landau, Esquire, regardless of the outcome of my claim, all expenses incurred by him in the preparation of my claim, including, but not limited to, photocopying expenses, special delivery, messengers, fees charged by health care providers for reports, examinations, health care provider's testimony, court reporters, depositions, investigators, or other such services and I understand that some or all of these expenses may be required in advance.

Claimant

Douglas K.W. Landau, Esquire

Date

**ABRAMS LANDAU, LTD.
AUTHORIZED RELEASE**

TO: _____

DATE OF INJURY: _____

PATIENT: _____

I hereby request and authorize you to furnish to my attorney, Douglas K.W. Landau, Esquire, or his representatives, any and all information which they request with respect to the following:

- Hospital and/or Medical Records & Bills including medical history, consultations, prescriptions, treatment and x-rays, and any and all services rendered with regard to any claims as the result of a job related injury, motor vehicle accident, disease, condition or disability I may have.
- Wage and Employment Records
- Police Accident Report
- Attendance and Scholastic Records

A copy of this authorization is as valid as the original.

Patient's Signature

Date

Address

Social Security No.

Date of Birth

ABRAMS LANDAU, LTD.
YOUR TIPSHEET

While your case is being handled, it is very important that you do your part and that you keep our office informed. Here are some suggestions that will help.

1. **Keep all evidence that you have.** Save anything that has, or might have, something to do with your case (prescriptive items given to you by your doctor, i.e., neck or back pillows, back or knee brace, etc.).
2. **Keep all bills and receipts.** When it comes time to settle your case with the insurance company, it will be necessary that I give them a complete list of all the money that you have spent, such as mileage and prescriptions. I will also need a list of money that you have lost due to loss of work. It is a very good idea to keep a journal or calendar to keep track of the days you worked and went to the doctor and also to keep track of how you feel physically.
3. **Call our office about any change of address.** If you move or change your telephone number, please contact our office to advise us of such a change.
4. **Let us know about any other changes.** You should always let us know of any changes such as going into the hospital, surgery, being sent to another doctor or if you have been released from a doctor.
5. **Watch what you say.** Everything you say can be used against you. Do not talk about your case with anyone except me or someone in my office. You will have to tell your doctors about your case, but you should not discuss it with anyone else without my permission.
6. **Keep all of your appointments with the doctor(s).** This is very important. Follow your doctor's orders and treatment. Do not stop seeing your doctor until your doctor releases you from his/her care. Failure to do this may have a bad effect on your case.
7. **Last, but not least,** do not hesitate to contact our office with any questions or concerns that you may have. If I am not available, my assistants are able to assist you or pass your questions on to me. No question is a dumb question.