



A Limited Liability Company

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Client: _____

Date: _____

Interviewer: _____

Referring Person: _____

The answers you give on this form are for our use only. All answers are confidential; no information will be released to any unauthorized person, and the information will only be used in the preparation of your case.

Please be candid in answering these questions. Although some may ask for personal information, all questions have a purpose. These questions are aimed at getting the information necessary to prepare your case adequately and professionally. We must know all relevant information if we are to represent you effectively. We cannot afford to be surprised at any stage of the proceedings. Also, you must be prepared for trial, and, if we have the necessary information, we can prepare you.

Answer each question as fully and as accurately as possible. Please print or write legibly. If you need additional space, please write on the back of this form or attach a separate page.

DATE OF BIRTH: _____ AGE: _____

S.S.# _____

SPOUSE'S S.S.# _____

RESIDENT ADDRESS: _____

PHONE NUMBERS: (HOME) _____

(WORK) _____

DATE OF ACCIDENT: _____

TIME OF ACCIDENT: _____

DEFENDANT: _____

ADDRESS: _____

INJURIES: _____

EMPLOYER & WAGES: _____

JOB TITLE: _____

COMP PAID TO: _____

NAMES OF WITNESSES: _____

PHYSICIANS: _____

AUTO DAMAGE: _____