

CONFIDENTIAL ATTORNEY-CLIENT QUESTIONNAIRE FOR POTENTIAL NEW CASES

[Please complete and fax to our offices at 415-440-7898]

**Name:**

\_\_\_\_\_

(Last) (First) (M.I.)

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

**City/State:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Employer's Name/Address:** \_\_\_\_\_

\_\_\_\_\_

**Work Phone No.:** \_\_\_\_\_

**Work Hours:** \_\_\_\_\_

**Name of Insurance Company (if one is involved;  
as it appears on the first page of policy):** \_\_\_\_\_

\_\_\_\_\_

**Name/Address/Tel. No. of Any Insurance Agent:** \_\_\_\_\_

\_\_\_\_\_

**Type of Policy:** \_\_\_\_\_

\_\_\_\_\_

**Date when was the claim (against potential parties responsible for any wrongdoing made?)**

\_\_\_\_\_

**What is the case about; gives us a brief statement of the story?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**How was the claim made (to the wrongdoer, through agent (*get name/address/phone number*) by phone, by claim form?):**

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**Has a decision been made about your claim? (Yes/No)**

**What was the decision and how did you learn about it? \_\_\_\_\_**

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**Give a list of your damages; please describe and provide figures if you can.**

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**If applicable, what is your complaint about what any insurance company has done?**