



THE LAW OFFICE OF
ROBERT J. WAGONER CO., L.L.C.

Of Counsel:
Kitrick, Lewis & Harris Co., L.P.A.
Charles J. Kettlewell, L.L.C.

445 Hutchinson Avenue • Suite 100 • Columbus Ohio 43235
Phone: 614.796.4110 • Fax: 614.796.4111 • Email: bob@wagonerlawoffice.com

CLIENT INTAKE SHEET

Date: _____ Time: _____

Name and home address: _____

Phone: _____

Email address: _____

DOB: _____ SSN: _____

Spouse's name: _____

Date of incident: _____

Statute of limitations: _____

Type of case: _____

Suit to be filed in
(county): _____

Name, address, and phone number of a friend or relative who will know whereabouts: _____

Automobile insurance: _____

Health insurance: (copy of health ins. card) _____

Personal benefits: (SSI, SSDI, etc.) _____

Fee agreement client: _____

Place of employment: _____

Job title & description: _____

Immediate supervisor: _____

Phone: _____

Time lost: _____

Military service
(active, reserve, national guard) _____

II. REFERRING ATTORNEY INFORMATION

Name: _____

Fee agreement: _____ Cost agreement: _____

III. DEFENDANT'S INFORMATION

Defendant (s) name, address and phone:

Defendant(s) insurance Company:

Adjuster:

Phone:

Owner of vehicle: (name and address)

IV. FACTS

Location of incident:

Description of incident:

Name of police department:

Photos taken: Yes No

Names and Addresses of witnesses at the scene:

V. MEDICAL INFORMATION

Describe injuries:

Treating physician and medical providers:

Ambulance service:

VI. PRIOR MEDICAL HISTORY

VII. PRIOR P/I OR WORKERS' COMPENSATION CLAIM:

VIII. DID PLAINTIFF MAKE STATEMENT TO DEFENDANT'S INSURANCE COMPANY?

Yes No

VIII. PHOTOGRAPHS

Car: Yes No Client: Yes No

