

**LAW OFFICE OF ELLEN J. PEPPERILLO, P.C.**  
**460 W. Harwood Road**  
**Hurst, TX 76054**  
**(817) 605-6006**

PERSONAL INJURY  
CLIENT INFORMATION RECORD

You:	Spouse/Other:
Full name: _____	_____
Social Security No.: _____	_____
Driver's License No.: _____	_____
Home address: _____	_____
_____	_____
Business address: _____	_____
_____	_____
Home telephone: _____	_____
Business telephone: _____	_____
_____	_____
Place of birth: _____	_____
County, State: _____	_____
Date of Birth: _____	_____
Date of Marriage: _____	Place of Marriage: _____

**INSURANCE INFORMATION**

Name of **Your** Auto Insurance Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Make, Year, and Model of Vehicle \_\_\_\_\_  
VIN: \_\_\_\_\_  
Claim Number: \_\_\_\_\_ Claims Rep: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Other Party's Insurance Company Name and Address:**

\_\_\_\_\_  
\_\_\_\_\_  
Make, Year, and Model of Vehicle \_\_\_\_\_  
VIN: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Claim Number: \_\_\_\_\_ Claims Rep: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**DIAGRAM OF ACCIDENT:**

DATE OF ACCIDENT:

TIME OF ACCIDENT:

LOCATION OF ACCIDENT:

Attach Police Report or obtain one if you do not have one at this time.

**MEDICAL TREATMENT**

[Plaintiffs] Please list any doctors and hospitals by whom you have been treated in relation to this occurrence **and** for the last ten years describe all medical conditions for which you were treated. Use additional sheets of paper if necessary.

Date	Doctor/Hospital	Condition & Result
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**EMPLOYMENT HISTORY**

Please provide the requested information about your employment history for the last five years. Use back of page if necessary.

Name and address of present employer:  
\_\_\_\_\_

Hire date \_\_\_\_\_ Rate of Compensation \_\_\_\_\_

Job Title/Description: \_\_\_\_\_

**FAMILY HISTORY**

Have you or your spouse ever used any other names? If so, please list the other names and tell me when (dates) you used them:

\_\_\_\_\_ Spouse: \_\_\_\_\_

Please list the addresses at which you have lived for the past FIVE years and the time you lived there:

Address	City, State, Zip
_____	_____
_____	_____
_____	_____
_____	_____

Have you or your spouse ever been divorced or legally separated? If so, from whom, when and where:

\_\_\_\_\_ Spouse \_\_\_\_\_  
\_\_\_\_\_

Please tell me the names, ages, and addresses of your children or other dependents:

Name	Address	Age	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you or your spouse ever been involved in previous lawsuits? If so, tell me when, where, what the case was about, and, as best you can remember, the names of the parties, attorneys, and judges involved:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you or your spouse ever been arrested, charged with, or convicted of a crime?

\_\_\_\_\_

Please tell me the names and, if known, the addresses of all **opposing parties** or other persons or corporations known to be involved in or somehow related to this matter:

\_\_\_\_\_  
\_\_\_\_\_

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Please tell me the names, and if known, the addresses of anyone who you think may be a **witness** in this matter:

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Have you consulted any other attorney(s) concerning this matter? If so, please tell me the name(s) and address(es) of the attorney(s): \_\_\_\_\_

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How were you referred to this office? \_\_\_\_\_

Please identify at least one other person who will always know how to reach you by providing their name, address, and telephone:

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### **PRIOR INCIDENTS**

[Plaintiffs] Have you suffered any injuries prior to this one? Please describe the injury, tell me the approximate date, tell me as much as you can remember about who was involved, and whether you were paid anything for your injury:

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### **EDUCATIONAL BACKGROUND**

What education have you had, including any special employment training?

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### **MILITARY BACKGROUND**

Have you ever been rejected for military service because of physical, mental or other reasons?

Explain: \_\_\_\_\_

Have you ever had military service? \_\_\_\_\_

If yes, please state branch of the military: \_\_\_\_\_

Service serial number: \_\_\_\_\_

Dates of service: from \_\_\_\_\_ to \_\_\_\_\_

Type of discharge: \_\_\_\_\_

Any service connected injuries? \_\_\_\_\_

Give details: \_\_\_\_\_

\_\_\_\_\_

Percentage of disability: \_\_\_\_\_

Present condition of service connected injury or disability: \_\_\_\_\_

\_\_\_\_\_

Do you receive payments for service connected injuries or disabilities?

\_\_\_\_\_

Veterans' Administration Claim No.: \_\_\_\_\_

The information provided herein is made from my personal knowledge and is a true representation of the facts.

Signed this \_\_\_ day of \_\_\_\_\_, 2001.

\_\_\_\_\_  
Client Signature