



**Blado | Kiger | Bolan, P.S.**

· ATTORNEYS AT LAW ·

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**NEW PERSONAL INJURY CLIENT INFORMATION FORM**

Today's Date: \_\_\_\_\_

**CLIENT INFORMATION**

<b>1. NAME(S)</b>		<b>2. DOB</b>	<b>3. SSN</b>
<b>4. YOUR DRIVER'S LICENSE NUMBER</b>		<b>5. DATE OF INJURY/INCIDENT</b>	
<b>6. MAILING ADDRESS</b>		<b>7. BILLING ADDRESS (if different)</b>	
<i>Street</i>		<i>Street</i>	
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>City</i>
<i>State</i>	<i>Zip</i>	<i>City</i>	<i>State</i>
<i>Zip</i>			
<b>8. HOME PHONE</b>	<b>9. WORK PHONE</b>	<b>10. CELL PHONE</b>	<b>11. E-MAIL</b>

**CLIENT'S AUTO INSURANCE**

<b>12. NAME OF AUTO INSURANCE COMPANY</b>	<b>13. POLICY NUMBER</b>

**14. HAVE YOU MADE A CLAIM UNDER YOUR OWN INSURANCE POLICY?**

Yes       No

*If yes, your claim number:*

*Adjuster name:*

*Adjuster phone #:*

**CLIENT'S HEALTH INSURANCE**

<b>15. NAME OF HEALTH INSURANCE COMPANY</b>	<b>16. POLICY NUMBER</b>

**17. DO YOU HAVE ANY OTHER INSURANCE OF ANY KIND THAT WOULD PROVIDE PAYMENTS OF YOUR MEDICAL BILLS FROM THIS INCIDENT?**

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**DESCRIPTION OF THE INCIDENT AND INJURIES**

**18. BRIEFLY DESCRIBE THE INCIDENT**

**19. DESCRIBE WHAT INJURIES YOU RECEIVED IN THIS INCIDENT. IF YOU RECEIVED BROKEN BONES, DESCRIBE THIS SPECIFICALLY.**

**20. WHAT HOSPITALS, DOCTORS, OSTEOPATHS, CHIROPRACTORS, PHYSICAL THERAPISTS OR MASSAGE THERAPISTS HAVE YOU VISITED AS A RESULT OF THIS INCIDENT?**

**21. IF ANYONE WAS CITED FOR THE INCIDENT PLEASE IDENTIFY:**

*Who:*

*For What:*

<b>22. PLEASE STATE THE NAME, ADDRESS AND PHONE NUMBER OF YOUR EMPLOYER</b>		<b>23. HOW MANY DAYS/HOURS OF WORK HAVE YOU MISSED DUE TO YOUR INJURIES?</b>	
<b>PARTIES/ATTORNEY</b>			
<i>Please list the names of all other people/opposing parties and all involved/interested parties and their attorney, if any.</i>			
<b>24. PERSON(S) WHO CAUSED THE INCIDENT:</b>			
<b>25. ATTORNEY'S NAME FOR THE AT FAULT PARTY:</b>			
<b>26. NAME OF OTHER PARTY'S AUTO INSURANCE COMPANY</b>		<b>27. POLICY NUMBER</b>	
<b>28. NAME OF INSURANCE ADJUSTER</b>		<b>29. PHONE NUMBER OF ADJUSTER</b>	
<b>30. CLAIM NUMBER</b>	<b>31. HAVE YOU BEEN CONTACTED BY THE OTHER PARTY'S INSURANCE COMPANY?</b>		
	<input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, when?		

Have you consulted another attorney regarding this matter?  Yes  No

If yes, who? \_\_\_\_\_

How did you learn of Blado Kiger Bolan, P.S.?

- Yellow Pages
- Former client
- Avvo
- Martindale/Lawyers.com
- Walk-in/drove by
- Internet/website
- Referred by: \_\_\_\_\_
- Other: \_\_\_\_\_

<b>OFFICE USE ONLY</b>		
<b>Conflict Check Completed</b>	<b>Completed by (Initials)</b>	<b>Date</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No		