

**A. CASE SCREEN**

File Number \_\_\_\_\_  
 Case Name \_\_\_\_\_  
 Type of Case \_\_\_\_\_ Case Status \_\_\_\_\_ Open/Retained  
 Date \_\_\_\_\_  
 Attorney \_\_\_\_\_ Paralegal \_\_\_\_\_  
 Referral Phone & Address \_\_\_\_\_  
 Date of Accident \_\_\_\_\_ Time of Occurrence \_\_\_\_\_ Location of Occurrence \_\_\_\_\_  
 Police present \_\_\_ Yes or No

**Critical Deadlines**

Statute of Limitations 1 \_\_\_\_\_ Compliance Date \_\_\_\_\_  
 Notice of Claim (date) \_\_\_\_\_ Filed? \_\_\_\_\_ Yes or No \_\_\_\_\_  
 \_\_\_\_\_

**B. PLAINTIFF SCREEN**

<p><u>Plaintiff #1 Name</u> _____                  D/O/B _____ Phone Number (W) _____                  3rd Phone _____ Name _____                  Marital Status ___ Spouse/Guardian name _____                  SS# - - Home Phone _____                   Address of Plaintiff #1 _____                  _____                  _____                   Comment _____                  Role in Accident _____                  Employed? ___ Yes or No                   Plaintiff #1 Auto Type (model) _____                  Plate Number State _____                  Year _____ Plaintiff is (Own, Op) _____   <u>Injuries</u> (a brief description) _____                  Plaintiff #1 Insurance _____                  Phone &amp; Address _____                  Policy # Claim # _____                  Coverage type _____                  Insured name _____                   Adjuster _____ Phone _____</p>	<p><u>Plaintiff #2 Name</u> _____                  D/O/B _____ Phone Number (W) _____                  3rd Phone # Name _____                  Marital Status ___ Spouse/Guardian name _____                  SS# Home Phone _____                   Address of Plaintiff #1 _____                  _____                  _____                   Comment _____                  Role in Accident _____                  Employed? ___ Yes or No                   Plaintiff #1 Auto Type (model) _____                  Plate Number State _____                  Year Plaintiff is (Own, Op) _____   <u>Injuries</u> (a brief description) _____                  Plaintiff #1 Insurance _____                  Phone &amp; Address _____                  Policy # Claim # _____                  Coverage type _____                  Insured name _____                   Adjuster _____ Phone _____</p>
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C. DEFENDANT SCREEN

Defendant #1 Name _____	Defendant #2 Name _____
Address of Defendant #1 _____	Address of Defendant #2 _____
Defendant Auto Type Plate # _____	Defendant Auto Type Plate # _____
State Year ____ Defendant is, (Op, Own, etc.) _____	State Year ____ Defendant is, (Op, Own, etc.) _____
Defendant #1 Insurance _____	Defendant #2 Insurance _____
Address _____	Address _____
Carrier Policy # Policy Limit _____	Carrier Policy # Policy Limit _____
Coverage type _____	Coverage type _____
Claim # _____	Claim # _____
Adjuster _____	Adjuster _____
Phone Number _____	Phone Number _____

Defendant #3 Name _____	Defendant #4 Name _____
Address of Defendant #1 _____	Address of Defendant #1 _____
Defendant Auto Type Plate # _____	Defendant Auto Type Plate # _____
State Year Defendant is, (Op, Own, etc.) _____	State Year Defendant is, (Op, Own, etc.) _____
Defendant #1 Insurance _____	Defendant #1 Insurance _____
Address _____	Address _____
Carrier Policy # Policy Limit _____	Carrier Policy # Limits _____
Coverage type _____ Claim # _____	Coverage type _ Claim # _____
Adjuster Phone Number _____	Adjuster Phone Number _____

D. NOTES

Case Synopsis (How Accident Happened)

Injuries (Give actual medical diagnosis of client's injuries)

General Notes

E. MEDICALS

Hospital #1 _____ Phone # & address _____ D/Treatment: From _____ To _____  Comment _____ _____	Hospital #2 _____ Address _____ D/Treatment: From _____ To _____  Comment _____ _____
Doctor #1 _____ Address _____ D/Treatment: From _____ To _____  Comment _____	Doctor #2 _____ Address _____ D/Treatment: From _____ To _____  Comment _____
Doctor #3 _____ Address _____ D/Treatment: From _____ To _____  Comment _____	Doctor #4 _____ Address _____ D/Treatment: From _____ To _____  Comment _____

**F. EMPLOYMENT & OTHER SPECIALS**

<p><u>Plaintiff #1 Employer</u> _____ Address _____ Days Out of Work _____ Start Date _____ Work type Weekly Wages _____ Dates Out of work since _____ Return to Work _____</p>	
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**G. POLICE & OTHER REPORTS**

<p><u>Police Reports</u>  Police Station _____ Aided/Accident #: _____ Comment: _____ _____</p>	
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**H. WITNESSES**

<p><u>Any Witnesses?</u>  Witness Name _____ Address\Phone Number _____ _____  Witness Name _____ Address\Phone Number _____ _____</p>	<p>Witness Name _____ Address\Phone Number _____  Witness Name _____ Address\Phone Number _____</p>
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