

New File Report

Please Print

Date: _____

Full Name: _____

Address: _____

Street

City

County

State

Zip

Social Security Number: _____

Date of Birth: _____

Occupation: _____

By Whom Employed: _____

Address of Employer: _____

Street

City

County

State

Zip

Telephone Numbers: Home: _____

Cell: _____

Work: _____

Other contact: _____ (Who): _____

Spouse's Name: _____

Has any member of your family been a client, if so who? _____

Have you previously been represented by a member of this firm? _____

Referred by: _____

For Office use only:

File Number: _____ Court Case Number: _____

Type Case: _____

Statute of Limitations: _____ Other Immediate Deadline: _____

Client Insurance: _____

Adjuster: _____ Phone: _____

Address: _____

Adverse parties: _____ Opposing counsel: _____

Opposing counsel's phone: _____ Fax: _____

Opposing counsel's address: _____

Defendant insurance: _____

Adjuster: _____ Phone: _____

Address: _____

Other Parties Involved: _____

Conflict check: _____ Conflict check on database: _____

Referred by: _____

Rate: _____

Engagement letter Sent: _____ Referral Letter Sent: _____

Closing Letter Sent: _____

Other Letters sent/Type: _____

Billing entered: _____ Billing sent: _____