



LUVERA
LAW FIRM

INITIAL CONTACT INFORMATION

(Please complete this form and return it to the receptionist when finished. Please Print)

NATURE OF CASE:

Type of Case: () Malpractice () Auto () Product () Death () Other _____

Place of Injury/Death: _____

Nature of Injuries: _____

At-fault party or entity, if known: _____

IF THIS MATTER INVOLVES A CLAIM CONCERNING YOURSELF, COMPLETE THIS PORTION:

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Work Phone () _____ Email: _____

Employer/Occupation: _____

Spouse's Date of Birth: _____ Spouse's Occupation: _____

IF YOU ARE CONSULTING US ABOUT SOMEONE ELSE'S CLAIM, COMPLETE THIS PORTION:

Your First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Work Phone () _____ Email: _____

Claimant or Person on whose behalf you are consulting us about: _____

Your Relationship to Claimant: _____

IF THIS MATTER INVOLVES AN INJURY TO A CHILD, COMPLETE THIS PORTION:

Child's First Name: _____ Middle Initial: _____ Last Name: _____

Child's Date of Birth: _____

Mother's Name: _____ Father's Name: _____

Siblings, with ages indicated: _____

IF THIS MATTER INVOLVES A WRONGFUL DEATH, COMPLETE THIS PORTION:

Decedent's First Name: _____ Middle Initial: _____ Last Name: _____

Decedent's Date of Birth: _____ Decedent's Date of Death: _____

If a Child: Mother's Name: _____ Father's Name: _____

Siblings, with ages indicated: _____

If an Adult: Decedent's Employer & Occupation: _____

Decedent's Spouse: _____ Spouse's Date of Birth: _____

Children, with ages indicated: _____

PLEASE INDICATE HOW YOU LEARNED OF THE LUVERA LAW FIRM FIRM:

() Internet () Friend () Reputation () Yellow pages () Other: _____

STATUTE EXPIRATION DATE: _____ Tort Claim Required?: _____

Notes: _____
