

**WILLIAM T. WILSON ATTORNEY & COUNSELOR AT LAW**

**PERSONAL INJURY INFORMATION SHEET**

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

Date of Injury \_\_\_\_\_

Name \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If military, permanent address or contact \_\_\_\_\_

Home Telephone Number:(\_\_\_\_) \_\_\_\_\_ Cell Number \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_ Can we contact you at work? \_\_\_\_\_

Birthdate: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DL# \_\_\_\_\_ State \_\_\_\_\_

Can we contact you by e-mail? \_\_\_\_\_ If so, e-mail address: \_\_\_\_\_

Type of Injury: \_\_\_\_\_

Location of Accident: \_\_\_\_\_

Have you ever filed a claim for Personal Injury or workers compensation? \_\_\_\_\_ If yes, what year? \_\_\_\_\_

Briefly describe the Accident and injuries for which you are here today: \_\_\_\_\_

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

Have you been injured before? Describe injuries: \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ no \_\_\_\_\_ yes

How did you find out about us? ( )Family ( )Friend ( )Other \_\_\_\_\_

Phone book? If so, which one? ( )SBC ( )Sprint ( )TransWestern ( )Sprint Yellow Pages

( )Temple ( )Killeen

Medicare/Medicaid Number (if any): \_\_\_\_\_ Effective date \_\_\_\_\_

Health Insurance Co.(if any) \_\_\_\_\_

Your Auto Insurance Company \_\_\_\_\_

Do you have PIP/MedPay? \_\_\_\_\_ UM/UIM Coverage \_\_\_\_\_