

MICHAEL N. VAPORIS  
Attorneys at Law

Date: \_\_\_\_\_

Your name: \_\_\_\_\_

Street address: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

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

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

Work: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Soc. Sec.#: \_\_\_\_\_

Your employer: \_\_\_\_\_

Employer's address: \_\_\_\_\_

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Spouse's name: \_\_\_\_\_

Street address (if different): \_\_\_\_\_

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

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

Work: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Soc. Sec.#: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_

Employer's address: \_\_\_\_\_

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What led you seek the services of this firm? (Please check as many as applicable):

Yellow Page Ads:  Verizon  Big Book  Yellow Book

Internet listing  State Bar Referral Individual: \_\_\_\_\_

Other: \_\_\_\_\_

1. Date of injury/accident: \_\_\_\_\_ Time: \_\_\_\_\_  am  pm

2. Location of accident or injury: \_\_\_\_\_  
\_\_\_\_\_

3. Name & Address of your regular family physician: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Name of physicians and/or hospitals who treated you for this injury:

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

5. Name of physicians and/or hospitals that have treated you for anything other than this injury in the last five (5) years:

Name:	Address:	Reason for Treatment:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Name of other driver or owner of property: \_\_\_\_\_

Property Location: \_\_\_\_\_

7. Please check if you were:  passenger or  driver of the vehicle you were in.

Name & Address of vehicle owner: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Your motor vehicle insurance carrier: \_\_\_\_\_

Policy No.: \_\_\_\_\_  Full Tort or  Limited Tort?

How many vehicles on your insurance policy? \_\_\_\_\_

9. Name & Address of the owner of all vehicle(s) involved in the accident:

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

10. Insurance carrier & policy number of vehicle owners listed in question #9, (if known)

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11. Please list any prior motor vehicle accidents in which you were involved (either as a driver or passenger) or any "incident" (fall, assault, etc.) in which you were injured:

Date of Accident or Injury	What Happened	Injuries You Received
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

12. Were the police involved?  Yes  No If yes, please provide the following information:

Police Department: 

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Police Accident or Incident Number, if known: 

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13. Do you have health insurance?  Yes  No If yes, please provide the following information:

Insurance Carrier Name: 

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Policy Number: 

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14. Is this health insurance through your employer or spouse's employer?  Yes  No

If yes, please provide employer name & address:

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15. Please list the name & address of any witnesses:

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