



Lei Jiang LLC

Law Firm with Passion to Serve Skills to Deliver™

Lei Jiang Law & Business Center
26943 Westwood Road
Westlake, OH 44145
Phone: 440-835-2271
Fax: 440-835-2817
www.LeiJiangLaw.com

Personal Injury Intake Form

Personal Information

Name: _____ Age: _____ Minor? (Y/N): _____

Address: _____ Home Phone: _____

_____ Work Phone: _____

Email: _____ Cell Phone: _____

Name of Spouse (or Parent If a Minor): _____

Best Method to Contact You: _____

Best Time to Contact You: _____

Injury Information

Date of Injury: ____/____/____ Time of Day: _____

Location of Injury: City _____ State _____

How did your injury occur?

____ Aircraft Accident ____ Defective Premises ____ Railroad Xing Accident

____ Animal Bite/Attack ____ Defective Products ____ Recreational Accident

____ Assault and Battery ____ Fire or Explosion ____ Slip/Trip and Fall

____ Automobile Accident ____ Medical Malpractice ____ Toxic Substance

____ Bicycle Accident ____ Motorcycle Accident ____ Truck Accident

____ Bus/Train Accident ____ Nursing Home Abuse ____ Water-Related Accident

____ Defective Medication ____ Police Negligence/Abuse Other: _____



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Briefly Describe How Your Injury Occurred:

Who Do You Believe Caused or Is Responsible for Your Injuries, and Why?

Describe Your Injury(ies):

**List All Doctors and Other Health Care Providers Who Have Treated Your Injuries,
Including Their Names, Addresses, and Telephone Numbers:**



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Employment and Financial Information

Total Medical Expenses Incurred to Date for Your Injuries: \$ _____

Total Medical Expenses You Expect to Incur In the Future: \$ _____

Have You Lost Income Due to Your Injuries? Yes:_____ No:_____

If Yes, Amount of Lost Income: \$ _____

Income Before Injury: \$ _____ **per** _____

Income After Injury: \$ _____ **per** _____

Employer: _____

Position: _____

Employer's Address: _____

Employer's Telephone Number: _____

Are You Currently Working? _____

Expect to Return to Work On: _____/_____/_____ **Will Not Return to Work:** _____

Consequence of Injury

Are You In Pain? If So, Please Describe:

Describe Any Other Ways In Which Your Life Has Changed As a Result of Your Injuries:



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List the Name, Address, and Phone Numbers of Any Possible Witnesses in Your Case:

Attorney Questions

Have You Previously Consulted An Attorney Regarding your Case? Yes:_____ No:_____

Is Your Relationship With the Attorney Ongoing? Yes:_____ No:_____

Has an Attorney Declined to Represent You In This Matter? Yes:_____ No:_____

If Yes, Why?

Please email this form to info@LeiJiangLaw.com, or

Fax to (440) 835-2817, or

Mail to 26943 Westwood Road, Westlake, OH 44145

Thank you.

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