



Personal Injury Information sheet

Client's First Name		Client's Last name	
Date of Birth		Social Security No.	
Street Address		City, State, Zip	
Driver's License No		Was Client Driver?	
Home Phone		Mobile	
Email		Relative, Friend Name & Phone Number	
Employer		Position	
Employer Address		City, State, Zip	
Employer Telephone Number		Wages HR/WKL/Monthly	
Health Insurance Career		Policy Number	
Medicare Recipient?		Medical Recipient?	

Client's Car & Insurance, Damages

Make of Car		Model		Year		Color	
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License Plate No		Registered Owner	
Registered Owner's Address		Sections Damaged in the Accident	
Insurance		Insurance Phone	
Policy Number		Claim Number	
Agent's Name		Adjuster's Name	
Was Client Injured?	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		If Yes, Name, Phone of Medical Provider	



Defendant's Car & Insurance, Damages

Defendant's Name		Defendant's Phone					
Defendant's Address							
Make of Car		Model		Year		Color	

License Plate No		Registered Owner		
Registered Owner Address			Sections Damaged in the Accident	
Insurance		Insurance Phone		
Claim Number		Policy Number		
Agent's Name		Adjuster's Name		
Was Defendant Injured?		If Yes, Name, Phone of Medical Provider		

Third Party Car & Insurance, Damages

Third Party's Name		Third Party's Phone					
Third Party's Address							
Make of Car		Model		Year		Color	

License Plate No		Registered Owner		
Registered Owner Address			Sections Damaged in the Accident	
Insurance		Insurance Phone		
Claim Number		Policy Number		
Agent's Name		Adjuster's Name		
Was Third Party Injured?		If Yes, Name, Phone of Medical Provider		



Client's Description of Accident

Date		Time		Day		City	
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Client's Street	Direction		Lane	
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Defendant's Street	Direction		Lane	
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3 rd Party Car Street	Direction		Lane	
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Seatbelts?		Fault Admitted?	Police Report #	
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Witness 1	First Name		Last Name	
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	Telephone		Address	
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Witness 2	First Name		Last Name	
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	Telephone		Address	
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Witness 3	First Name		Last Name	
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	Telephone		Address	
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Description of Accident



Passengers' Identity, Insurance, Damages

Passenger 1

Passenger Name				Passenger's Phone			
Passenger's Address							
Passenger's Position		Front Seat		Back Seat Left		Back Seat Right	Age
Was Passenger Injured?		Yes		No	If Yes, Name, Phone of Medical Provider		

Insurance			Insurance Phone			
Claim Number			Policy Number			
Agent's Name			Adjuster's Name			

Passenger 2

Passenger Name				Passenger's Phone			
Passenger's Address							
Passenger's Position		Front Seat		Back Seat Left		Back Seat Right	Age
Was Passenger Injured?		Yes		No	If Yes, Name, Phone of Medical Provider		

Insurance			Insurance Phone			
Claim Number			Policy Number			
Agent's Name			Adjuster's Name			



Passenger 3

Passenger Name				Passenger's Phone			
Passenger's Address							
Passenger's Position		Front Seat		Back Seat Left		Back Seat Right	Age
Was Passenger Injured?		Yes		No	If Yes, Name, Phone of Medical Provider		

Insurance				Insurance Phone			
Claim Number				Policy Number			
Agent's Name				Adjuster's Name			

Passenger 4

Passenger Name				Passenger's Phone			
Passenger's Address							
Passenger's Position		Front Seat		Back Seat Left		Back Seat Right	Age
Was Passenger Injured?		Yes		No	If Yes, Name, Phone of Medical Provider		

Insurance				Insurance Phone			
Claim Number				Policy Number			
Agent's Name				Adjuster's Name			

I declare under penalty of perjury that the forgoing information provided to Statewide Law, PC attorneys are true to the best of my knowledge.

Print Name	Signature



ACCIDENT ADIAGRAM

North

South



WAGES INTORMATION AUTHORIZATION

I hereby authorize and instruct you to furnish my attorney Statewide Law, PC, any and all information requested in regard to my salary, title, terms of employment, length of employment, dated missed and reasons of absence.

Name

Date

Signature

Authorization

Pursuant to Section 2695.2. California Code of Regulations, Title- 10, and Chapter 5; I authorize Statewide Law, P.C. my legal counsel to handle my insurance claim in the above captioned loss.

This authorization shall be valid for indefinitely from the date set below unless revoked by the undersigned.

All prior authorizations are hereby revoked by the undersigned as of the date of this authorization.

A photocopy of this authorization shall be construed as effective as the original.

Name

Signature

Date



DESIGNATION OF ATTORNEY

Client: _____

Date of Loss: _____

Claim Number: _____

Pursuant to Title 10, Section 2695.2(c) of the California Code of Regulations, I hereby Authorize STATEWIDE LAW; PC and its staff and employees to represent me in all aspects of the above indicated claim, under the supervision of my attorney Michael M. Ghaemi, Esq.

This Authorization Shall be valid from the date indicated below until the settlement, discharge or until the authorization is revoked, whoever occurs first. Any and all prior authorizations are hereby revoked by the undersigned as of the date of this authorization.

Signature

Name

Date



AUTHORIZATION FOR INFORMATION

(INSURANCE, EMPLOYMENT, POLICE REPORTS, TAX RETURNS, AND OTHER INFORMATION)

To: _____

Re: _____

Date of Loss: _____

You are hereby directed to permit STATEWIDE LAW; PC, or its agents, to examine and copy by Photostat or any other manner, or obtain information orally, or in writing, or any and all records, information, reports, files photos, reports, data , correspondence, or other document in your possession pertaining to :

Insurance, employment, payroll and wage information, police or other governmental entity or agency/ federal and state tax filings or returns, and/or any other information in your possession, custody or control, relating to the above-named individual and/or the above-referenced incident. A copy of this signed authorization shall be deemed as valid as an original.

STATEWODE LAW; PC, may use these materials in their preparation and analysis of any possible legal action arising out of the subject incident. This authorization shall expire upon conclusion of the legal action.

Signature

Date of Birth

Print Name

Social Security Number

Date: _____



Declaration

I, _____ hereby declare under penalty of perjury that I was in fact involved in an accident on _____ and sustained injuries as a result of this accident.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TREU AND CORRECT.

Executed This _____ day of _____ at _____ California.

Signature

STATEWIDE LAW, PC.

CONTRACT TO EMPLOY ATTORNEY ON CONTINGENT FEE BASIS

This **AGREEMENT** made on _____, 2020 by and between _____ herein after referred to as the Client, and **STATEWIDE LAW, PC., of 13891 Newport Avenue, Suite 130, CA 92703**, herein after referred to as the Attorneys.

1. The Client hereby retains and employs the Attorneys to represent the Client in prosecuting a personal injury action arising out of the incident which occurred on _____. The Client empowers the Attorneys to compromise the claim and to file such legal action as may be advisable in the judgment of the Attorneys.
2. The Client shall pay to the Attorneys, as Attorney's fees for such representation, the following percentages of the gross recovery of the claim described here in above: 33% (thirty three percent) prior to filing of suit and 40% (forty percent) upon filing of the law suit or request for arbitration, whichever comes first.
3. Costs, necessary disbursements, and reasonable personal and trial expenses incurred by the Attorneys in advancing the Client's cause are to be borne by the Client, and paid by the Client, with reimbursements to be made from the gross proceeds of any recovery if costs are advanced by Attorneys, which reimbursement shall be in addition to the percentage fee.
4. The Attorneys are given a lien on the claim for cause of action, on any sum recovered by way of settlement, and on any judgment or award that may be recovered, for the sum and share mentioned above, as their fee. Computation of the amount of the lien will be made on the gross recovery.
5. The Attorneys in their discretion may employ experts to report and assist them in the determination of facts and matters which will aid the Attorneys in the prosecution of the action. Technical experts are to examine and report to them the facts thereof.
6. The Attorneys may, in their discretion, employ investigators to investigate the facts surrounding the subject matter of the action. All such experts shall report exclusively to the Attorneys.
7. Fees charged by expert witnesses and investigators may be advanced by the Attorneys and charged against any recovery on the claim as advanced costs, but it is the Client's obligation to pay these fees and charges.
8. The Attorneys may, in their discretion, employ associate counsel to assist him in prosecuting the Client's claim, at the Attorney's expense.

9. The Attorneys may receive the settlement or judgment amount and may retain therefrom the percentage Attorney's fee pursuant to section two (2). Before disbursing the remainder to the Client, he may deduct therefrom the amount of costs and expenses advanced as provided in section three (3) and seven (7).

10. The Attorneys shall be entitled to their full contingent share of any settlement or judgment on the claim for prosecution of which they are hereby retained, even though the Client discharges them or obtains a substitution for the Attorney before such settlement is made or judgment is had.

11. The Attorneys may withdraw from the Client's representation in this claim at any time on reasonable notice to the Client, provided that in the event of such withdrawal the Attorneys shall be entitled to only the reasonable value of his services to be computed at \$350.00 per hour plus reimbursement for costs advanced.

12. If the Client settles any claim or cause of action without the consent of the Attorneys, the Client will pay to the Attorneys his fee computed in accordance with the terms of this agreement and based on the final recovery received by the Client in the settlement, and the Client will reimburse the Attorney for all advances made under section three (3) and seven (7).

13. The Attorneys make no warranties or representations concerning the successful termination of claim or the favorable outcome of any legal action that may be filed, and the Attorneys do not warrant or guarantee that they will obtain reimbursement for the Client of any of the costs or expenses resulting from the subject action out of which the claim arises. All statements of the Attorneys on these matters are statements of opinion only.

14. The fee herein is not set by law but is negotiable between the Attorneys and the Client.

15. In the event no recovery is obtained on the claim that comprises the subject matter of this agreement, the Attorneys will make no charges for their time, services and, fees, but will be entitled to reimbursement for the costs and other expenses that they may have advanced.

16. The Client hereby gives to the Attorneys the Client's Power of Attorney to execute all documents connected with the claim for the prosecution of which the Attorneys are retained, including pleadings, contracts, commercial paper, settlement agreements, compromises, and releases, drafts, verifications, dismissals, orders, and all other documents that the Client could properly execute to conclude the settlement and to negotiate the settlement draft(s).

17. This agreement comprises the entire contract between the Attorneys and the Client.

18. Any notices required under this agreement shall be in writing and shall be deemed to have been duly served if delivered in person to the party for whom it is intended, or if delivered at or sent by first class or registered mail to the business address of the person for whom it is intended, as specified in this agreement.

19. The Attorneys have given Client the option of paying an hourly fee of \$300.00, for legal service rendered, but it is the express wishes of the Client to decline such an option and to enter into the contingency fee agreement.

20. The laws of the State of California shall govern the construction and interpretation of this agreement.

SIGNED: _____
STATEWIDE LAW, PC.

I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS OF THIS AGREEMENT AND ACCEPT THE AGREEMENT THIS DATE.

Dated:

SIGNED: _____

NAME _____
(Print name)

ADDRESS _____

PHONE _____