

**LAW OFFICE OF MICHAEL G. NUTTER  
 2021 E. FOURTH STREET, STE 200  
 SANTA ANA, CA 92705  
 714 667-1101 Tel 714 667-1511 Fax**

Complete our **Personal Injury Intake form** to the best of your ability & bring to your appointment, fax, email or mail to us. If you need more space to answer any question(s), please write on an additional sheet of paper or write on reverse side of this form by noting the question & then answering). Completing & submitting this form does not establish an attorney client relationship. The attorney client relationship is only established when you and Mr. Nutter have entered into a written Retainer Agreement.

**Today's date:** \_\_\_\_\_

<b>Requested Information</b>	<b>Injured Party</b>
<b>Name &amp; former names (time frame used)</b>	
<b>Date of Birth</b>	
<b>Social Security Number</b>	
<b>Address</b>	
<b>County</b>	
<b>Telephone numbers--home-cell-work-fax (specify each number)</b>	
<b>Best time &amp; method to reach you</b>	
<b>Email address:</b>	
<b>Date of injury &amp; time of injury?</b>	
<b>How did your injury occur?          What time?          Describe what happened.</b>	
<b>Where did your injury occur?</b>	
<b>Who/what caused your injury?</b>	

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<b>Requested Information</b>	<b>Injured Party</b>
Describe your injuries	
Total medical expenses incurred to date	
Total medical expenses you expect to incur in future	
Employer	
Employer's address & telephone number	
Are you currently working?	
Will you be able to return to work? If yes, date expect to return to work	
Occupation/Position	
Have you lost income as a result of injury? If yes, how much & for what time frame	
Income before injury	

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<b>Requested Information</b>	<b>Injured Party</b>
<b>Income after injury</b>	

**List all doctors & other providers who have diagnosed, treated or consulted you regarding your injuries**

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**List all insurance companies that you believe are involved in your injury, (auto insurer, health insurer, disability insurer, homeowner insurer)**

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**Are you in pain? If yes, describe your pain**

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**Describe how injury has changed your life (can't perform athletic activities or other daily activities/routines, missed events, can't care for children, can't be intimate with mate)**

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**List the names, addresses and telephone numbers of potential witnesses**

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**Do you have any specific concerns**

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