

PERSONAL INJURY WORKSHEET

Date: _____

NAME: _____ HOME PHONE # _____

ADDRESS: _____ WORK PHONE # _____

INJURIES (please describe in full each of the injuries you received from the accident):

DATE AND TIME OF THE ACCIDENT: _____

PLACE OF ACCIDENT: _____

DESCRIBE IN DETAIL HOW THE ACCIDENT OCCURED:

LIST THE NAME OF EACH DOCTOR, HOSPITAL OR MEDICAL PROVIDER THAT PROVIDED MEDICAL TREATMENT:

HAS YOUR MEDICAL INSURANCE PAID ANY OF YOUR MEDICAL BILLS?

YES _____ NO _____

DO YOU HAVE MEDICAID OR MEDICARE? YES _____ NO _____

AUTOMOBILE ACCIDENT CASES

If auto accident, do you have a copy of the Accident Report? _____

If auto accident, did the other person have insurance? YES _____ NO _____

If yes, with which company? _____

If auto accident, did you have insurance? YES _____ NO _____

If yes, with which company? _____

WORKER'S COMPENSATION CASES

If injury occurred at place of employment, when did you report the accident?

Name and address of employer:

Name and address of worker's comp carrier:

WILLIAM G. MATHEWS
ATTORNEY AT LAW
117 South Marion Street
Athens, Alabama 35611
(256) 232-2310

ATTORNEY'S EMPLOYMENT CONTRACT

I, _____, hereinafter "*Client*", hereby retain and employ **WILLIAM G. MATHEWS** hereinafter "*Attorney*" as my legal representative to recover compensation, reimbursement, or damages, or to provide such other services as may be set out by settlement or suit in an action arising from the following: _____

CLIENT AGREES TO PAY TO ATTORNEY THE FOLLOWING:

1. _____ % of all sums recovered by settlement of this claim prior to filing suit.
2. _____ % of all sums recovered by settlement of this claim after filing suit, including after trial.
3. _____ % of all sums recovered by decision of a Judge or Jury, less any Attorney's fees awarded.
4. Unless otherwise stated under paragraph 5 below, costs, including filing fees, will be advanced by Attorney, to be reimbursed at the time of settlement or judgment from the client's portion of the settlement or judgment proceeds (see attached "Description of Expenses" for explanation of costs). If there is no settlement or judgment achieved in my behalf, I owe the attorney nothing including reimbursement of costs.
5. Other Conditions: _____

CLIENT ACKNOWLEDGES:

1. That Attorney makes no assurance of the success of Client's claim.
2. That Attorney may cancel this Agreement if, after investigating Client's claim, Attorney does not believe the claim to have merit.
3. That unless specifically included, this Agreement does not cover employment of Attorney or establish a fee arrangement for an appeal of any other claim or action.
4. That Attorney shall have a lien on the funds recovered by this Agreement as security for payment of Attorney's fees, costs and expenses.
5. That Attorney may associate additional counsel if he deems necessary.

I/WE HAVE READ AND RECEIVED A COPY OF THIS AGREEMENT AND AGREE TO THE CONDITIONS, THIS THE _____ DAY OF _____, 2005.

CLIENT

CLIENT

STREET ADDRESS

STREET ADDRESS

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

TELEPHONE HOME WORK

TELEPHONE HOME WORK

DESCRIPTION OF EXPENSES

The purpose of this schedule is to provide the client with a summary of the types of expenditures and charges that are customarily or typically incurred and charged in the prosecution of civil litigation by our firm. It is not intended to be an exhaustive itemization of all the types of expenses that may be incurred but is provided to you as a reference. I, _____, hereby acknowledge that all litigation expenses incurred in my case, as listed below, are to be reimbursed to **WILLIAM G. MATHEWS** from any settlement proceeds received. _____ (client initials).

A. COURT REPORTING COSTS

Includes charges incurred to Court Reporters for copies, indexing, computer disks, transcripts of depositions and trial.

B. TRAVEL & LODGING

Includes business class airfare, air charter, auto mileage at the rate of \$.34 per mile, rental cars, lodging, meals, and related expenses incurred during investigation, depositions, client and/or referring lawyer conferences and court appearances.

C. COMMUNICATION COSTS

Includes charges incurred for facsimile at \$10.00 per transmission and express mail charges at cost.

D. EXPERT WITNESS CHARGES

Includes all charges for services rendered including testimony by expert witnesses including doctor's deposition.

E. INVESTIGATIVE COSTS

Includes but is not necessarily limited to charges by independent investigators, computerized data base research, specialized texts or treatises, and other related investigation charges incurred.

F. DEMONSTRATIVE EVIDENCE

Includes any and all expenditures required in the exhibits and visual aids for the presentation of evidence in Court or for settlement purposes. This shall include scale models of products or accident sites, anatomical models, prototypes, accident reconstruction videos, photographs and other related materials. Also included would be costs charged to us for records from 3rd parties such as doctors.

G. COURT COSTS

Includes but is not necessarily limited to filing fees, subpoena fees, witness and mileage fees and service of process charges.

H. PHOTOCOPIES

Any copies made in office will be charged at \$.10 per copy. Necessary photocopying of documents and file materials copied out of office will be charged at actual costs incurred.

I. MISCELLANEOUS

Each case will be charged a **\$275.00 file set up fee** that is to pay for file materials and supplies not earlier described that are required in the prosecution of your case.

AUTHORIZATION FOR RELEASE OF INFORMATION

I, The Undersigned, Authorize:

Name of Facility: _____
Address: _____
City, State, Zip: _____

To Release Information From The Records Of:

Patient Name: _____
Patient Date of Birth: _____
Patient Social Security Number: _____

Information Authorized To Be Release:

_____ Any and All Medical Records/Films	_____ Any and All Insurance Information
_____ Any and All Billing Information	_____ Any and All Demographic Information
_____ Any and All Records From Other Facilities	_____ Other: _____

Information May Be Released To:

Name of Law Firm:	William G. Mathews
Address:	117 South Marion Street
City, State, Zip:	Athens, Alabama 35611
Telephone:	(256) 232-2310

Understandings:

1. I understand that this consent may be revoked in writing at any time. With the exeption and to the extent that disclosure of information has already occurred prior to the receipt of revocation by the above named provider. If written revocation is not received, authorization will be considered valid for a period of time not to exceed 90 days from the date of signing. To initiate revocation of this authorization, direct all correspondence to the "Specific Requestor" above.
2. I understand that this consent is to include disclosure of: **(PLEASE INITIAL EACH)**

_____ Alcohol and/or Drug Abuse Records	_____ Psychiatric Records
_____ Sexually Transmitted Disease Information	_____ HIV/AIDS Information
3. I understand that a photocopy of this authorization is to be considered valid as the original.
4. I understand that the information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by Federal Law.

SIGNATURE: _____
(Patient or Person/Legal Representative (Next-of-Kin or Legal Gaurdian to Sign Only if Patient is a Minor, Legally Incompetent, or Deseased)

PRINT NAME: _____ DATE: _____

Relationship To Patient Of Personal/Legal Representative Signing: _____