

Law Office  
BERG, ROUSE, SPAULDING & SCHMIDT, P.L.C.  
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Des Moines, Iowa 50312

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DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_  
Street City & State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers License No.: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
Street City & State Zip

Hours Worked: \_\_\_\_\_ to \_\_\_\_\_

Can we call you at work? \_\_\_\_\_ Work No.: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_  
Last First Middle

Spouse's SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

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

Who can we reach in an emergency & number: \_\_\_\_\_

Nature of Problem? \_\_\_\_\_

Have you discussed this with any other attorney? \_\_\_\_\_

How did you choose this law firm? \_\_\_\_\_

Past client of \_\_\_\_\_

Personal Acquaintance Referral by \_\_\_\_\_

Telephone Book: US West \_\_\_\_\_ Telecom \_\_\_\_\_

PERSONAL INJURY INFORMATION

A. Name \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_

Soc. Security No. \_\_\_\_\_ Birth Date \_\_\_\_\_

Working Hours \_\_\_\_\_ Time with Employer \_\_\_\_\_

B. Employer \_\_\_\_\_

Address \_\_\_\_\_

C. Date of Injury \_\_\_\_\_

How Did Injury Occur \_\_\_\_\_

Parts Disabled \_\_\_\_\_

Have you ever had any previous problems with the part disabled? \_\_\_\_\_ If so, describe previous problem \_\_\_\_\_

D. Name(s) of other parties involved \_\_\_\_\_

Names of any witnesses \_\_\_\_\_

E. Was a police report made? \_\_\_\_\_ If so, what is the accident number? \_\_\_\_\_

F. Names and Addresses of Doctors and Hospitals: \_\_\_\_\_

G. Other Injuries or Additional Comments: \_\_\_\_\_