

# THE BRYANT LAW FIRM

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## CLIENT INFORMATION SHEET – PERSONAL INJURY

NAME: \_\_\_\_\_

ADDRESS (INCLUDING ZIP CODE): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ S.S.N: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HOME PHONER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

DATE AND TIME OF OCCURRENCE/ACCIDENT: \_\_\_\_\_

LOCATION OF OCCURRENCE/ACCIDENT: \_\_\_\_\_

CLIENT'S VEHICLE: (YEAR/MAKE/MODEL) \_\_\_\_\_

POLICE DEPARTMENT INFORMATION, IF DISPATCHED: \_\_\_\_\_

ACCIDENT REPORT NUMBER, IN ANY: \_\_\_\_\_

CITATIONS ISSUED: (YES/NO) \_\_\_\_\_

OTHER DRIVER'S NAME: \_\_\_\_\_

OTHER DRIVER'S VEHICLE: (YEAR/MAKE/MODEL) \_\_\_\_\_

CLIENT'S INSURANCE INFORMATION: \_\_\_\_\_

CLIENT'S PERSONAL INJURY PROTECTION COVERAGE: (YES/NO) \_\_\_\_\_

CLIENT'S INSURANCE INFORMATION: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

OTHER DRIVER'S INSURANCE INFORMATION: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

INJURIES SUSTAINED: \_\_\_\_\_

AMBULANCE TRANSPORT: (YES/NO) \_\_\_\_\_

DOCTOR NAME, ADDRESS, AND PHONE NUMBER: \_\_\_\_\_

MEDICAIDE/MEDICARE USED BY CLIENT: (YES/NO) \_\_\_\_\_

HEALTH CARE INSURANCE USED BY CLIENT: (YES/NO) \_\_\_\_\_

