

**ABRAMS LANDAU, Ltd.**  
**Douglas K.W. Landau, Attorney at Law**  
797 Center Street, Herndon, VA 20170  
(703) 796-9555 • Fax (703) 796-9210

*Member of the Bar [VA, CT, NJ, FL & DC]*

**POTENTIAL CLIENT INFORMATION SHEET**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

**DATE OF INJURY:** \_\_\_\_\_ Cell No./Email: \_\_\_\_\_

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

Employer's Address: \_\_\_\_\_

Marital Status:    Single       Married       Divorced       Widowed       Other

Names and Ages of Spouse/Children: \_\_\_\_\_

Other Dependents: \_\_\_\_\_

Brief Description of Case: \_\_\_\_\_

\_\_\_\_\_

Name, Address, Telephone Number of Witnesses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Do You Have Major Medical Health Care or Medicaid Coverage? \_\_\_\_\_ If so, please provide a copy of your insurance card.
- Do you have previous claims or lawsuits? \_\_\_\_\_ If so, please furnish the nature of any such claims or suits on the reverse side of this form, stating the nature of your injuries, if the matter has been settled or is still in dispute, and your attorney's name, address and telephone number, if any.
- Do you have outstanding bankruptcies or do you anticipate filing bankruptcy in the future? \_\_\_\_\_ If so, please describe the type, date of filing, disposition and provide us your bankruptcy attorney's name, address and telephone number.

I certify that the foregoing information is true and accurate to the best of my knowledge and belief.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_