



**ABRAMS LANDAU, Ltd.**  
INJURY LAW FIRM

**POTENTIAL CLIENT INFORMATION SHEET**

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

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

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

Date of Injury: \_\_\_\_\_

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

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

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

Marital Status: Single    Married    Divorced    Widowed    (Circle One)

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

\_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Douglas K. W. Landau, Member of the VA, DC, NJ, CT, FL State Bars