



**LAW OFFICES  
OF  
D. VILLANUEVA, LLC**

**3300 Buckeye Road, Ste. 335 Atlanta, GA 30341  
2330 Scenic Hwy S. Snellville, GA 30078  
3166 Cherokee Street, Ste. 101 Kennesaw, GA 30144**

**Phone: 770-220-0818**

**Fax: 770-220-0814**

**[HELP@galegalpro.com](mailto:HELP@galegalpro.com)**

## WORKERS COMPENSATION INITIAL CLIENT INTERVIEW

### I. CLAIMANT INFORMATION

Name	
Social Security	
Telephone Number	
Date of Birth	
Height, Weight, Age	
Name of Spouse, Age	
Name of Relatives, Friends Address	

### II. EMPLOYER INFORMATION

Company Name	
Address	
Telephone Number	
Name and Job Title of Your Immediate Supervisor	

### III. DETAILS OF INJURY

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

Time of Accident: \_\_\_\_\_

Location of Accident (including County): \_\_\_\_\_

Compensation Insurance Carrier: \_\_\_\_\_

If Claimant is other than injured party (deceased), list name and address, age and relationship to injured (deceased) party: \_\_\_\_\_

Claimant's Description of How Accident Occurred:

Was your accident caused in whole or in part by any use of a piece of defective equipment or machinery? If so explain:

Was your accident caused in whole or in part by carelessness or negligence of persons other than your fellow employees? Is so explain:

#### IV. WITNESSES TO YOUR ACCIDENT

1. Name	
Address and Telephone Number	
Name of Company Works for	
2. Name	
Address and Telephone Number	
Name of Company Works for	

Have you given a statement regarding your claim to the company, their insurance adjuster, attorney or others? Yes \_\_\_\_ No \_\_\_\_

If yes, give details \_\_\_\_\_

If a time clock used on job, were you punched in? Yes \_\_\_\_ No \_\_\_\_

If no time clock on the job, give name of timekeeper and method of keeping employees on job \_\_\_\_\_

#### V. NOTICE

Did you give notice of your injury to the company? Yes \_\_\_\_ No \_\_\_\_

Name of person to whom you gave notice \_\_\_\_\_

1. Give details, time, place and witness to whom you gave notice of your injury\_\_\_\_\_
2. If you did not give notice personally to the company of your injury, state who did. Give details

### VI. WAGE INFORMATION

Are your wages paid: Weekly\_\_\_ Monthly\_\_\_ Semi-Monthly\_\_\_ Hourly\_\_\_

Rate of pay:\$\_\_\_\_\_ per \_\_\_\_\_

Were you receiving this same rate of pay for at least 13 weeks prior the accident?

Yes\_\_\_ No\_\_\_\_\_

If you have not worked for the company for 13 weeks prior to the accident, what was the average weekly pay for other employees with your same job classification?\_\_\_\_\_ per week.

When did you first lose time off your job due to your injury?\_\_\_\_\_

Are you still of the job due to your injuries as of the date of this report? Yes\_\_\_\_\_

No\_\_\_\_\_

If you have returned to work, state the date you returned\_\_\_\_\_

### VII. YOUR INJURIES

State in detail all injuries received as a result of the accident\_\_\_\_\_

Names and addresses of all treating physicians for this injury

Name	Address
Name	Address
Name	Address

Hospitals and dates of attendance

Name	Attendance
Name	Attendance

What medical treatment have you received in connection with your accident and injury?

As a result of your injury, what kind of physical restrictions has your doctor(s) placed you under?

That you have placed yourself?

## VIII. HISTORY

Name all employers which you have ever worked for and how long (give dates)

Describe all the job duties that were involved in the jobs you held in the previously disclosed occupations (e.g., manual labor requiring lifting)

Education level (including occupational training)

Medical-List here all illnesses or accidents you sustained, either before or since your accident

## IX. PRIOR ACCIDENTS AND INJURIES

List all prior accidents or injuries (give details)

## X. MISCELLANEOUS

Have you been unemployed since your accident?

Have you been fired from your job?

If so, have you sought other employment?

If so, with what results?

Miscellaneous or additional information you feel that is important concerning your claim

Have you ever filed any workers' compensation claim prior to this one, or have you ever drawn workers' compensation benefits? If so, when?

### XI. CRIMES

Have you ever been charged with or convicted of a crime? Yes\_\_\_\_ No\_\_\_\_  
If yes, explain

### XII. DRINKING HABITS

Nondrinker Yes\_\_\_\_ No\_\_\_\_  
Drinker Moderate\_\_\_\_ Heavy\_\_\_\_  
Have you had any alcoholic beverage when the accident occurred? Yes\_\_\_\_  
No\_\_\_\_  
If yes, explain

### XIII. HEALTH INSURANCE

Have you received any health insurance payments? Yes\_\_\_\_ No\_\_\_\_  
If so, what company?  
Amount of payment  
Did you sign any insurance form? Yes\_\_\_\_ No\_\_\_\_

### XIV. UNEMPLOYMENT INSURANCE

Have you applied for unemployment insurance? Yes\_\_\_\_ No\_\_\_\_  
If so, explain

### XV. WORKING RELATIONSHIPS

Relationship between employees and management Good\_\_\_\_ Bad\_\_\_\_  
Relationship between you and immediate supervisor Good\_\_\_\_ Bad\_\_\_\_  
Relationship among fellow employees Good\_\_\_\_ Bad\_\_\_\_

### XVI. WORK CEASED

Did you continue to work after you were injured? Yes\_\_\_\_ No\_\_\_\_

If yes, how long?

### XVII. NOTICE

If you not anyone else gave the employer notice, did your supervisor have knowledge that you had been injured? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, explain

Did you inform your supervisor that you were going to consult a physician?

Yes\_\_\_ No\_\_\_\_\_

If yes, explain

Were you physically or mentally unable to give notice? Yes\_\_\_ No\_\_\_\_\_

If yes, explain

### XVIII. TYPE OF EMPLOYMENT

Did you perform duties away from employer's premises? Yes\_\_\_ No\_\_\_\_\_

If yes, explain

Had you deviated from your employment from your employment at the time of your injury? Yes\_\_\_ No\_\_\_\_\_

If yes, explain

Were you on 24-hour call? Yes\_\_\_ No\_\_\_\_\_

Did employer furnish you a vehicle or travel expenses? Yes\_\_\_ No\_\_\_\_\_

### XIX. DISABILITY

Was your disability caused from mental rather than physical impairment? Yes\_\_\_ No\_\_\_\_\_

If yes, explain

Have you had any previous mental problems? Yes\_\_\_ No\_\_\_\_\_

If yes, explain

### XX. MARITAL STATUS

Are you divorced or separated? Yes\_\_\_ No\_\_\_\_\_

If yes, explain

Are you living with anyone you are not married to? Yes\_\_\_ No\_\_\_\_\_

If yes, state full name

### XXI. FINANCIAL STATUS

Have you discussed this claim with any other attorney? Yes\_\_\_ No\_\_\_\_  
If yes, explain

**Thank you for completing our questionnaire so that we may be able to better assist you! Once completed please send to us via email at [support@galegalpro.com](mailto:support@galegalpro.com) or fax at 770-220-0814.**

**Once submitted, our attorney will contact you to set up a follow up appointment to discuss your case in detail.**