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**Vacations & Travel—Applications**

**Intake Form: Airline Personal Injuries**

People are killed or seriously injured in airplane crashes every year. In other situations, an airline passenger may twist his or her back trying to put a piece of luggage in an overhead bin, or be burned by spilled coffee from the service cart during a particularly rough patch of turbulence. If you have been injured while on an airplane, you might retain the services of an attorney. What should your attorney know about you and your case before you meet for the first time? The following intake form may help answer those questions.

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address, Including County:

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

Length of Time at that Address: \_\_\_\_\_ years \_\_\_\_\_ months

Previous Address(es) (for last 10 years):

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

Home Telephone Number: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_

Facsimile Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Former Name(s): \_\_\_\_\_  
\_\_\_\_\_

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

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

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

Length of Time with Employer: \_\_\_\_\_ years

Previous Employer(s) (for last 10 years):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Gross Monthly Income: \$ \_\_\_\_\_

Marital Status: \_\_\_\_\_

Previous Marriage(s): Yes \_\_\_\_ No \_\_\_\_ How Ended? \_\_\_\_\_

Children

<i>Name</i>	<i>Date of Birth</i>	<i>Living in home?</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dates of Travel: \_\_\_\_\_

Purpose for Travel: \_\_\_\_\_

Travel Agency Used: \_\_\_\_\_  
*Yes/No*

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

Airline: \_\_\_\_\_

Flight Number: \_\_\_\_\_

Departure City: \_\_\_\_\_

Arrival City: \_\_\_\_\_

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

Approximate Time of Injury: \_\_\_\_\_

Description of How Injury Occurred:

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

Names and Addresses of Witnesses to Injury, If Known:

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

Injury Reported to Airline \_\_\_\_\_  
*Yes/No*

When \_\_\_\_\_

To Whom \_\_\_\_\_

Additional Contact with Airline

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

Description of Immediate Medical Attention Received Including Names and Locations of Providers:

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

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Description of Subsequent Medical Attention Received Including Names and Locations of Providers:

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Current Medical Condition:

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Any Surgeries Performed or Scheduled As a Result of Injury:

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Previous Medical History:

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Any History of Similar/Same Injuries:

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Does Injury Prohibit Performance of Any Daily Living Activities (Examples: Can you brush your hair? Dress yourself? Drive a Car?)

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Time Lost From Work Since Injury \_\_\_\_\_  
*Yes/No*

Amount of Time Lost Including Specific Dates, If Known:

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Hobbies/Interests:

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Does Injury Prevent You From Engaging In These Hobbies/Interests? \_\_\_\_\_  
*Yes/No*

Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Important Information:

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Questions to Ask My Attorney:

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