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# JUDICIAL ADVOCATES

Federal Litigation Consulting & Document Preparation

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## Civil Case Intake

Tort & Personal Injury

**IMPORTANT DISCLOSURE:** Judicial Advocates is a federal litigation consulting and document preparation service. **We are not a law firm and are not licensed to practice law.** We do not provide legal advice. We provide research, consulting, litigation strategy, and document preparation services. No attorney-client relationship is created by the completion of this questionnaire or the retention of our services. We strongly recommend that all documents prepared by Judicial Advocates be reviewed by a licensed attorney prior to filing.

Date Completed:

Completed By:

### QUICK START GUIDE

This form covers personal injury, negligence, property damage, medical malpractice, product liability, and related tort claims. Organized into **3 parts**.

#### GATHER BEFORE STARTING:

- Incident/police reports
- Medical records and bills
- Photos of injuries or property damage
- Insurance information (yours and opposing party's)
- Witness names and contact information
- Any correspondence with insurance companies

PART 1 OF 3: IDENTITY & THE INCIDENT (~10 minutes)

SECTION I: YOUR INFORMATION

1. Full Legal Name: \_\_\_\_\_

2. Date of Birth: \_\_\_\_\_

3. SSN (last 4): \_\_\_\_\_

4. Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

5. Phone: \_\_\_\_\_ 6. Email: \_\_\_\_\_

SECTION II: OPPOSING PARTY / DEFENDANT

7. Name of Person/Entity Responsible: \_\_\_\_\_

8. Type:

- Individual
- Corporation/Business
- Government Entity
- Unknown

9. Address (if known): \_\_\_\_\_

10. Insurance Company (if known): \_\_\_\_\_

11. Insurance Claim Number (if any): \_\_\_\_\_

12. Are there additional responsible parties?

- Yes
- No

If yes, list all:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SECTION III: THE INCIDENT

13. Type of Incident:

- Motor Vehicle Accident
- Slip/Trip and Fall
- Medical Malpractice
- Product Liability
- Assault/Battery
- Property Damage
- Wrongful Death
- Professional Malpractice
- Other

14. Date of Incident: \_\_\_\_\_

15. Time: \_\_\_\_\_

16. Location (address/intersection): \_\_\_\_\_  
\_\_\_\_\_

City/County/State: \_\_\_\_\_  
\_\_\_\_\_

**17. Describe what happened:**

**WHY WE ASK:** We need a detailed chronological account. Who did what, in what order, and what resulted. This becomes the factual basis for your complaint.

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**18. Was a police/incident report filed?**

Yes  No

Report Number: \_\_\_\_\_  
\_\_\_\_\_

**19. Were there witnesses?**

Yes  No

Name	Phone/Email	What They Witnessed

PART 2 OF 3: INJURIES, TREATMENT & DAMAGES (~10 minutes)

SECTION IV: INJURIES & MEDICAL TREATMENT

20. Describe all injuries sustained:

Horizontal lines for describing injuries sustained.

21. Medical Treatment Received:

Table with 4 columns: Provider/Facility, Type of Treatment, Dates, Cost.

22. Is treatment ongoing?

- Yes No

23. Do you have permanent injuries or disabilities?

- Yes No Too Early to Determine

If yes, describe:

Horizontal lines for describing permanent injuries or disabilities.

24. Pre-existing conditions relevant to your injuries?

- Yes No

If yes, describe:

Horizontal lines for describing pre-existing conditions.

**WHY WE ASK:** You must disclose pre-existing conditions. The defense will find them. But you may recover for aggravation of pre-existing conditions — we just need to know upfront.

## SECTION V: DAMAGES

### 25. Damages Claimed:

- Medical Bills (past)
- Lost Wages
- Pain and Suffering
- Property Damage
- Punitive Damages
- Medical Bills (future/estimated)
- Loss of Earning Capacity
- Emotional Distress
- Loss of Consortium
- Other

### 26. Financial Summary:

Total Medical Bills to Date: \$ \_\_\_\_\_

Estimated Future Medical: \$ \_\_\_\_\_

Lost Wages to Date: \$ \_\_\_\_\_

Property Damage: \$ \_\_\_\_\_

Total Estimated Damages: \$ \_\_\_\_\_

### 27. Health Insurance Information:

Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

### Has your insurer paid any medical bills related to this incident?

- Yes
- No

**WHY WE ASK:** Subrogation/lien issues can reduce your recovery. We must identify all liens early.

PART 3 OF 3: STATUTE OF LIMITATIONS, DOCUMENTS & CERTIFICATION (~10 minutes)

SECTION VI: STATUTE OF LIMITATIONS

Oklahoma's statute of limitations for personal injury is 2 years from the date of injury (12 O.S. § 95). Medical malpractice is 2 years from discovery. Government claims require prior notice. Missing these deadlines permanently bars your claim.

Date of Incident: \_\_\_\_\_

Date You First Knew of Injury: \_\_\_\_\_

28. Is the defendant a government entity?

- Yes — Federal, Yes — State/Local, No

Government claims have shorter notice requirements — often 180 days.

SECTION VII: DOCUMENTS & EVIDENCE

29. Documents You Can Provide:

- Police/Incident Report, Medical Bills, Insurance Correspondence, Witness Statements, Vehicle Repair Estimates, Medical Records, Photos (injuries, scene, damage), Pay Stubs/Tax Returns (wages), Expert Reports, Other

30. Have you spoken to any insurance company about this claim?

- Yes — My Insurance, Yes — Their Insurance, No

Do NOT give recorded statements to the opposing party's insurance company without counsel's advice.

SECTION VIII: ADDITIONAL INFORMATION

31. IFP Status:

- Can Pay Filing Fees, Need IFP Application

32. Anything else we should know?

Multiple horizontal lines for text entry.

\_\_\_\_\_

\_\_\_\_\_

## CERTIFICATION & DECLARATION

I certify under penalty of perjury that the information provided in this questionnaire is true, correct, and complete to the best of my knowledge. I understand that false or misleading information may adversely affect the preparation and outcome of my case.

I acknowledge that Judicial Advocates is a federal litigation consulting and document preparation service, not a law firm, and that no attorney-client relationship is created by the completion of this questionnaire or the retention of their services. I have been advised to have all documents reviewed by a licensed attorney prior to filing.

Signature: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_  
\_\_\_\_\_

### ACKNOWLEDGMENT OF DISCLOSURE

I have read and understand the Important Disclosure on page 1 of this questionnaire. I understand that Judicial Advocates is not a law firm and does not provide legal advice.

Signature: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_  
\_\_\_\_\_