

**INTAKE FORM: Getting Sued for an Injury at Your Place of Business**

This form will help you collect the information you need to present to your attorney if your business is sued for a customer's injury on its premises.

**Client Information**

Contact Name: \_\_\_\_\_

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

Business Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

Business's Legal Status:

\_\_\_\_\_ Individual \_\_\_\_\_ Partnership

\_\_\_\_\_ Corporation (type: \_\_\_\_\_)

If business is a partnership:

Name of each general partner: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Insurance Agent's Name: \_\_\_\_\_

Insurance Company Issuing Liability Policy: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

Liability Policy Number and Limits (attach a copy of the policy): \_\_\_\_\_

\_\_\_\_\_

**Plaintiff Information**

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

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

Attorney Name: \_\_\_\_\_

Firm: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Physical description, including age, any physical infirmities, clothing, eyeglasses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was the plaintiff carrying anything or otherwise burdened? \_\_\_\_\_

\_\_\_\_\_

**Information About The Incident**

Date and Time of Incident: \_\_\_\_\_

Where did the incident occur (include address as well as exact description of the site)? \_\_\_\_\_

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Was the area monitored by security cameras or other recording devices (if so, describe, and include a copy of any recording)? \_\_\_\_\_

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What was the plaintiff's reason for being at the site? \_\_\_\_\_

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Was the area "off limits" to the plaintiff? \_\_\_\_\_

If so, how was it secured and/or marked? \_\_\_\_\_

Employees at the site at the time: \_\_\_\_\_

Employees witnessing the incident: \_\_\_\_\_

What other witnesses were present? (Include names, addresses, telephone numbers, where they were at the time of the incident, and any statements they made. Use another sheet if necessary) \_

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Did police, paramedics, fire department, etc. come to the scene? If so, provide names and badge numbers if possible, incident report numbers, and attach any report copies in your possession: \_\_\_\_

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Were there any hazardous conditions in the area (e.g., icy, wet, snow-covered, spilled liquid, uneven footing, unsecured floor mats, etc.)? \_\_\_\_\_

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Did any employees know about the hazardous condition? \_\_\_\_\_

\_\_\_\_\_

If so, what actions had they taken to remedy it? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What conditions may have influenced witness's ability to see the incident (e.g., foggy, snowy, smoky, raining, obstructions, etc.)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did the plaintiff or anyone involved in or witnessing the incident appear to be intoxicated or under the influence of any chemical? \_\_\_\_\_

\_\_\_\_\_

Describe the incident as you or employees witnessed it: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the incident as told by the plaintiff: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What type of discomfort or injury did the plaintiff display at the scene? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was the plaintiff treated at the scene? If so, how? \_\_\_\_\_

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Was the plaintiff taken to the hospital? If so, which one? \_\_\_\_\_

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**Information About Any Vehicles Or Machinery Involved**

Describe the vehicle(s) or machinery involved: \_\_\_\_\_

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For any vehicles involved, list owner, driver, insurer, policy number, insurer contact number, make, model, year, and color: \_\_\_\_\_

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For any machinery involved, list owner, operator, type, manufacturer, liability insurer, policy number, insurer contact number, any previous incidents involving the machinery, and any safety features whose presence or absence is relevant to the incident: \_\_\_\_\_

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Describe how the vehicles or machinery were involved in the incident: \_\_\_\_\_

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Were the vehicles or machinery being properly driven/operated at the time of the incident? \_\_\_\_\_

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Describe any damage to the vehicles or machinery (include any photos): \_\_\_\_\_

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Where are the vehicles/machinery now, and are they available for examination? \_\_\_\_\_

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