

Workers' Compensation Interview Sheet

Name: _____

Address: _____

City/St/Zip: _____

Telephone: _____

Cell Phone: _____

Email: _____

Marital Status ☐ M ☐ S ☐ Sep ☐ D

Name, address, and telephone number of friend of relative not living with you: _____

Male: ☐ Female: ☐

Date of Birth: _____

Social Security No.: _____

English: ☐ Spanish: ☐ Other: ☐ _____

Spouse's Name: _____

Name of Employer: _____

Address: _____

City/St/Zip: _____

Employer's Insurance Company (if known): _____

Date of Injury: _____

Time: _____

Location: _____

First Date of Incapacity: _____

Previous Job History (5 years): _____

Your job description & title: _____

Nature of business: _____

First date of lost time: _____

Previous Injuries (if any): _____

Witnesses: _____

How did injury occur: _____

Part(s) of body affected by injury: _____

Who did you notify of this injury: _____

Who was the first person/facility to treat you: _____

Were you taken by ambulance? Yes ☐ No ☐ If so, which city/town? _____

Names and addresses of doctors and/or hospitals (include dates of treatment):

Name: _____

Address: _____

Name: _____

Address: _____

Description of your injuries: _____

Did you have any surgery: ☐ Yes ☐ No

If YES, where: _____

When: _____

Type: _____

Weekly wages at time of injury: _____

Did you have health insurance at time of injury: ☐ Yes ☐ No

If YES, please name (Blue Cross, RIGHA, etc.): _____

Single or family plan: _____ Did you pay anything for this: ☐ Yes ☐ No

Did you receive wages from your employer while absent from work: ☐ Yes ☐ No

If YES, to what date: _____

Did you receive Workers' Compensation benefits for the above injury: ☐ Yes ☐ No

If YES, for what period of time: _____ AMOUNT PER WEEK _____

Was any paperwork filed on your behalf: ☐ Yes ☐ No

If YES, do you know what was filed: ☐ Yes ☐ No

Did you sign anything: ☐ Yes ☐ No

If YES, what did you sign: _____

Do you have any dependents: ☐ Yes ☐ No

If YES, please give names and dates of birth:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

If you are married, does your spouse work: ☐ Yes ☐ No

Have you returned to work: ☐ Yes ☐ No

If YES, for whom: _____

Have you been to any Court hearings: ☐ Yes ☐ No

If YES, where: _____ When: _____

Have you ever been represented by another attorney for this matter: ☐ Yes ☐ No

If YES, by whom: _____

PLEASE BE SURE YOU HAVE FILLED IN ALL BLANKS -
SHOULD YOU HAVE ANY QUESTIONS, PLEASE DO NOT HESITATE TO ASK!!!

<u>FOR OFFICE USE ONLY</u>	
Date of Interview:	_____
By:	_____
Source of Referral:	☐ Yellow Pages _____
	☐ Other: _____

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