

LAW OFFICES OF GREGORY W. HARBISON

FIRST INITIAL CONSULTATION DATE: _____

**VEHICLE ACCIDENT
GENERAL INFORMATION SHEET**

NAME OF CLIENT: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____

(PLEASE PROVIDE ALL TELEPHONE NUMBERS THAT YOU CAN BE REACHED)

SOCIAL SECURITY NO.: _____

DATE OF BIRTH: _____ **RACE:** _____ **SEX:** _____

NAME AND ADDRESS OF PERSON WE CAN CONTACT IN CASE OF AN EMERGENCY:

**PASSENGERS IN YOUR CAR OR DRIVER OF CAR IF YOU WERE A PASSENGER-
NAME AND ADDRESSES AND TELEPHONE NUMBERS:**

MAKE AND YEAR OF VEHICLE: _____

NAME OF YOUR INSURANCE COMPANY AND ADDRESS: _____

NAME OF CLAIMS AGENT AND PHONE NUMBER: _____

**GENERAL INFORMATION ON OTHER PERSON TO WHOM SUIT MAY BE
FILED OR WHO FILED SUIT AGAINST OUR CLIENT**

NAME: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____

NAME OF EMPLOYER: _____

MAILING ADDRESS: _____

COUNTY COMPANY IS IN: _____

NAME OF ATTORNEY, ADDRESS AND TELEPHONE NUMBER: _____

PASSENGERS IN SAID AUTOMOBILE - NAMES AND ADDRESSES, IF KNOWN: _____

MAKE AND YEAR OF THEIR VEHICLE: _____

NAME OF INSURANCE COMPANY, ADDRESS AND TELEPHONE NUMBER:

NAME OF CLAIMS ADJUSTER AND TELEPHONE NUMBER: _____

ACCIDENT INFORMATION

EXACT DATE AND TIME OF ACCIDENT: _____

LOCATION OF ACCIDENT: _____

COMPLETE DESCRIPTION OF HOW ACCIDENT OCCURRED: _____

WEATHER CONDITIONS: _____

NAME, ADDRESS, TELEPHONE NUMBERS OF WITNESSES TO ACCIDENT IF KNOWN:

PROVIDE A COPY OF AN ACCIDENT REPORT IF YOU HAVE ONE. IF YOU DO NOT HAVE A REPORT, PLEASE LIST IF THERE WAS A REPORT, IF REPORT WAS WRITTEN BY A HIGHWAY PATROL, POLICEMAN, OR SHERIFF'S DEPUTY:

TYPE OF INJURIES RECEIVED BY YOU AND THE PASSENGERS IN YOUR

VEHICLE: _____

**DOCTORS AND HOSPITALS IN ORDER OF TREATMENT:
PLEASE TRY TO GIVE EXACT DATES OF TREATMENT:**

DATE: NAME & ADDRESS: REFERRED BY:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DESCRIPTION OF MEDICAL TREATMENT:

NATURE AND EXTENT OF DISABILITY:

LIST ALL MEDICATIONS:

ADDITIONAL INFORMATION

IF YOU ARE EMPLOYED, GIVE THE FULL NAME, ADDRESS AND TELEPHONE NUMBER OF YOUR EMPLOYER: _____

WHEN WERE YOU RELEASED TO RETURN TO WORK: _____

DO YOU HAVE ANY PERMANENT DISABILITY, IF SO, THE NATURE, DEGREE AND EXTENT OF INJURY: _____

HAVE YOU HAD ANY LOSS OF WAGE EARNING CAPACITY: _____

PLEASE LIST ALL DATES YOU HAVE MISSED WORK FOR THIS ACCIDENT:

ANY PRIOR INJURIES FROM OTHER ACCIDENTS, ANY TYPE:

IF YOU FILED SUIT FOR PRIOR INJURIES OR ANY OTHER CLAIMS, PLEASE LIST THE NAME OF THE COURT, THE STYLE OF THE CASE, THE REASON FOR FILING, AND THE OUTCOME OF SAID SUIT:

BILLS INCURRED:

**IF NOT PAID, LIST ALL BILLS THAT ARE OUTSTANDING OR YOU HAVE PAID
(PROVIDE A RECEIPT)**

NAME: AMOUNT: WHETHER PAID: WHO PAID:

**OTHER DOCTORS YOU HAVE SEEN PRIOR TO THIS ACCIDENT FOR ANY REASON,
LIST THE NAME OF THE DOCTOR, ADDRESS, REASON FOR TREATMENT AND DATE.**

**OTHER DOCTORS YOU HAVE SEEN SINCE THE ACCIDENT FOR ANY REASON
OTHER THAN THIS INJURY, LIST THE NAME OF THE DOCTOR, ADDRESS, REASON
FOR TREATMENT.**

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

TO WHOM IT MAY CONCERN:

I, _____, do hereby authorize **Gregory W. Harbison, Attorney at Law, Law Offices of Gregory W. Harbison, 204 West Main Street, Tupelo, Mississippi, 38804, 662-840-7111; 662-840-7883 FACSIMILE**, to obtain copies of all medical reports, bills, statements, and any other pertinent information in your possession relating to my injury involving a vehicle accident.

IDENTIFYING INFORMATION:

NAME: _____
SSN: _____
DATE OF BIRTH: _____
RACE: _____ SEX: _____
DATES OF MEDICAL TREATMENT

CURRENT ADDRESS:

TELEPHONE: _____

DATED THIS THE _____ DAY OF _____, _____.

PATIENT

GREGORY W. HARBISON
ATTORNEY AT LAW

AUTHORIZATION TO RELEASE ACCIDENT REPORTS

CITY OF _____ POLICE DEPARTMENT
ADDRESS: _____

_____ COUNTY SHERIFF'S OFFICE

_____ STATE HIGHWAY PATROL

OTHER ACCIDENT REPORTING FACILITY

TO WHOM IT MAY CONCERN:

I, the undersigned, do hereby authorize GREGORY W. HARBISON, ATTORNEY AT LAW, of 204 West Main Street, Tupelo, Mississippi, 38804, Telephone Number: 840-7111 and Facsimile Number 840-7883, to obtain copies of all accident reports pertaining to the below referenced automobile accident.

Name: _____

SSN: _____

DATE OF BIRTH: _____

DATE OF ACCIDENT: _____

TIME OF ACCIDENT: _____

LOCATION OF ACCIDENT: _____

OTHER PARTIES INVOLVED: _____

MAKE OF VEHICLE: _____

OFFICER: _____

DATED THIS THE _____ DAY OF _____, _____.

CONTRACT OF EMPLOYMENT
AND
ASSIGNMENT OF ACTION

The undersigned hereby retains, engages, and employs GREGORY W. HARBISON, Attorney at Law, to further my claim, to represent me and institute proceedings for damages against _____ or any other person, firm, or corporation liable therefore, resulting from _____ on or about _____.

For services rendered and to be rendered, I set over and assign to my attorney an undivided contingent interest in said claim for the following percentage:

33 1/3 percent if settled before lawsuit is filed.

40 percent if lawsuit is filed and/or case goes to trial

I agree not to settle without the consent of my attorney, by the acceptance of this employment, agrees not to settle without my consent. **I agree that costs of court and investigation made by my attorney will be repaid by me.**

My attorney is to have the right to employ additional counsel in his sole discretion, otherwise at my sole expense. My attorney is given the right to withdraw from this case after giving reasonable notice.

It is agreed and understood that this employment is upon a contingent fee basis, and if no recovery is made, I will not owe my attorney any sum whatsoever as attorney's fees.

Dated this the _____ day of _____, _____.

Client

GREGORY W. HARBISON

*LAW OFFICES OF GREGORY W. HARBISON
360 NORTH BROADWAY STREET
TUPELO, MS 38804
(662) 840-7111
(662) 840-7883 FACSIMILE*

*GREGORY W. HARBISON**
ATTORNEY AT LAW

GAIL C. ADAMS
PARALEGAL

**Licensed in:
Mississippi
Alabama*

TO ALL MOTOR VEHICLE ACCIDENT CLIENTS: THIS IS IMPORTANT INFORMATION THAT YOU NEED TO READ THOROUGHLY AND KEEP FOR REFERENCE:

(1) Please notify this office of any address change or telephone number changes as soon as possible. Also, emergency numbers. Sometimes it is important that we contact you immediately to discuss your case. **Also, if you are going to be out of town for any reason, please let this office know in writing and all phone numbers so that we can get in touch with you.**

(2) Please notify this office of all doctor and hospital visits and the date of visits **in writing** so that we may update your medical reports.

(3) If you pay any money out of pocket that has not reimbursed to you, please send a receipt that is itemized and readable stating the date you paid, check number, money order, cash, etc. **Make sure you have an itemized statement.**

(4) Please keep up with your mileage to the doctor, hospital, or therapy visits and submit this information to us in writing.

(5) Please provide estimates for your vehicle as soon as you receive them.

(6) Please provide any photographs of your vehicle or your injuries.

(7) **It is important that you write down any information listed above so that we can document it in your file. With the quantity of cases that we have, we want to make sure that all information goes into the appropriate file. You may mail, fax or hand deliver this information to our office.**

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TO ALL MOTOR VEHICLE ACCIDENT CLIENTS

(7) If you have any questions regarding your case that you need answered, please write these down also, so that you can get a response back as soon as possible. You may mail, fax or hand deliver.

If you have any questions during this time that you needs immediate response, please contact this office and leave a message with Elizabeth or myself so that we can in turn pass this information to Mr. Harbison. We will contact you as soon as information can be obtained.

Sincerely,

Gail C. Adams

Gail C. Adams
Paralegal