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CLIENT INTERVIEW FORM

FELA / RAILROAD

TO BE FILLED OUT BY INTERVIEWER

Interview Date: _____ Interviewer: _____

Plaintiff: _____

Defendant: _____

Date of Accident: _____ Time: _____ Location: _____

Foreman / Supervisor: _____

Please fill out the following form to the best of your ability.

REFERRAL SOURCE INFORMATION

How did you find us?

- | | |
|---|---|
| <input type="checkbox"/> Website | <input type="checkbox"/> Another Lawyer (see below) |
| <input type="checkbox"/> Internet Search | <input type="checkbox"/> Doctor or Medical Provider (see below) |
| <input type="checkbox"/> Yellow Pages | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Friend or Relative (see below) | |

Please provide the following information about who referred you to us so we may thank them for their kind recommendation.

First Name: _____ Last Name: _____

Email Address: _____ Phone Number: _____

YOUR INFORMATION

First Name: _____ MI: _____ Last Name: _____

Date of Birth: _____ Place of Birth: _____

Drivers License #: _____ State: _____

Marital Status: _____ SSN: _____

Height: _____ Weight: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

YOUR INFORMATION (continued)

Phone (home): _____ Phone (cell): _____

Craft: _____ Union: _____

Union Rep: _____ Lodge: _____

Service Dates / Creditable Months: _____

If Married

Spouse Name: _____

Address (if different): _____

City: _____ State: _____ Zip: _____

Phone (home): _____ Phone (cell): _____

Dependents

(1) Name: _____ Age: _____ Relation: _____

Address: _____

City: _____ State: _____ Zip: _____

(2) Name: _____ Age: _____ Relation: _____

Address: _____

City: _____ State: _____ Zip: _____

(3) Name: _____ Age: _____ Relation: _____

Address: _____

City: _____ State: _____ Zip: _____

If Divorced

Former Spouse Name: _____ Year Divorced: _____

YOUR BACKGROUND

Educational Background

High School: _____ City, State: _____

Graduated? Yes No Year Graduated: _____

GED? Yes No Year Received: _____

University / School: _____ City, State: _____

Emphasis: _____

Graduated? Yes No Year Graduated: _____

Specialty Training / License: _____

Granting Institution: _____ Year Received: _____

Specialty Training / License: _____

Granting Institution: _____ Year Received: _____

Military Service

Have you served in the U.S. Military? Yes (see below) No

Branch: _____

Years Served: _____

Date of Discharge: _____

Type of Discharge: _____

Felony Convictions

Have you ever been convicted of a felony? Yes (see below) No

Convicted of: _____

Year Convicted: _____

YOUR BACKGROUND (continued)

Prior Railroad Experience

(1) Employer: _____ Dates: _____

Title: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Person to Contact (to verify employment): _____

(2) Employer: _____ Dates: _____

Title: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Person to Contact (to verify employment): _____

(3) Employer: _____ Dates: _____

Title: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Person to Contact (to verify employment): _____

(4) Employer: _____ Dates: _____

Title: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Person to Contact (to verify employment): _____

YOUR BACKGROUND (continued)

Other Prior Employment

(1) Employer: _____ Dates: _____

Title: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Person to Contact (to verify employment): _____

(2) Employer: _____ Dates: _____

Title: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Person to Contact (to verify employment): _____

(3) Employer: _____ Dates: _____

Title: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Person to Contact (to verify employment): _____

(4) Employer: _____ Dates: _____

Title: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Person to Contact (to verify employment): _____

YOUR BACKGROUND (continued)

Crew

(1) Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

(2) Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

(3) Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

YOUR EMPLOYMENT

Employer on Date of Accident: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____

Person to Contact (to verify employment/earnings): _____

Employment / Earnings Information

As of date of injury.

Job Title: _____

Pay Rate: _____ Per (week, month, year): _____

Overtime Rate: _____ Per: _____

Average Monthly Overtime: _____

Other Pay: _____

YOUR EMPLOYEMENT (continued)

List Additional Employment Benefits Below (i.e. medical, pension, profit sharing, etc.)

Have you lost time from work as a result of your injury? Yes (see below) No

Dates off Work

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

Are you working now? Yes (see below) No

YOUR MEDICAL INSURANCE

Medical Insurance Carrier: _____

Policy Number: _____

ABOUT THE INJURY / ACCIDENT

Date of Accident: _____ Time of Accident: _____

Facts about your injury / accident:

INJURY / ACCIDENT REPORTING

Was the injury / accident reported? Yes (see below) No

When? : _____

To Whom? : _____

Was an accident report made? Yes No

Do you have a copy of the accident report? Yes No

Did you provide a statement? Yes (see below) No

When? : _____

To Whom? : _____

How? Written Oral

Were Photographs Taken? Yes (see below) No

Date Taken: _____

By Whom? : _____

Any Witnesses? Yes (see next page) No

WITNESS INFORMATION

If needed, additional Witness sheets can be downloaded: www.NaylorLaw.com/Resource/Forms

Witness #1

First Name: _____ Last Name: _____

Address: _____

Phone (home): _____ Phone (cell): _____

Email Address: _____

Can Testify To/About: _____

Witness #2

First Name: _____ Last Name: _____

Address: _____

Phone (home): _____ Phone (cell): _____

Email Address: _____

Can Testify To/About: _____

Witness #3

First Name: _____ Last Name: _____

Address: _____

Phone (home): _____ Phone (cell): _____

Email Address: _____

Can Testify To/About: _____

Witness #4

First Name: _____ Last Name: _____

Address: _____

Phone (home): _____ Phone (cell): _____

Email Address: _____

Can Testify To/About: _____

DESCRIPTION OF INJURIES & TREATMENT

Nature of Injuries

Describe the nature of your injuries and physical complaints.

First Medical Attention

Hospital/Clinic: _____ Doctor: _____

Date: _____

Nature of Treatment: _____

Please List All Doctors, Hospitals or Clinics You've Sought Treatment From:

(1) Hospital/Clinic: _____

Doctor: _____ Specialty: _____

Address: _____

Phone: _____ Date Last Seen: _____

(2) Hospital/Clinic: _____

Doctor: _____ Specialty: _____

Address: _____

Phone: _____ Date Last Seen: _____

DESCRIPTION OF INJURIES & TREATMENT (continued)

(3) Hospital/Clinic: _____

Doctor: _____ Specialty: _____

Address: _____

Phone: _____ Date Last Seen: _____

(4) Hospital/Clinic: _____

Doctor: _____ Specialty: _____

Address: _____

Phone: _____ Date Last Seen: _____

(5) Hospital/Clinic: _____

Doctor: _____ Specialty: _____

Address: _____

Phone: _____ Date Last Seen: _____

YOUR FELA CLAIM

Have you given the company and settlement figure? Yes (see below) No

For what amount? \$ _____

Has the company made an offer of settlement? Yes (see below) No

For what amount? \$ _____

Have you applied for railroad benefits? Yes (see below) No

Railroad Benefit: _____ Date Applied _____

Railroad Benefit: _____ Date Applied _____

Railroad Benefit: _____ Date Applied _____

YOUR FELA CLAIM (continued)

Liens:

Advances by the railroad? Yes (see below) No

For what amount? \$ _____

PRE-INJURY / ACCIDENT INFORMATION

PRIOR INJURIES

(list nature of injury, health care providers, surgeries, lost time from work, amount of settlement/judgment and attorney)

Work Related

PRE-INJURY / ACCIDENT INFORMATION (continued)

Non-Work Related

SUBSEQUENT INJURIES

(list nature of injury, health care providers, surgeries, lost time from work, amount of settlement/judgment and attorney)

PRE-INJURY / ACCIDENT INFORMATION (continued)

Have You Ever Been Involved in Prior Claim or Lawsuit? Yes (see below) No

Against Whom?: _____

When?: _____

Where?: _____

Claim Filed? Yes No

Lawsuit Filed? Yes No

Attorney Hired? Yes (see below) No

Attorney Name: _____

Disposition of Case: Pending Settled

Please describe the prior claim or lawsuit.