

BHURTEL LAW FIRM PLLC 's (Use this Form if you have personal injury/medical mal question)

URL: attorneybhurtel.com Phone no: 785096181 Email: info@attorneybhurtel.com)

Today's Date:

PART 1: Name: Last: First:..... Middle:.....

1. Address

Street _____ Apt No _____

City _____ State _____ Zip Code _____

Home Phone: _____ Mobile : _____

Email: _____ I prefer to be notified by email. Yes () No()

2. Do you have appointment today?

a. Yes () If yes, time of appointment: _____ No b. () _____

3. How did you find our office: a. () I knew myself b. () News Paper c. () Internet d. () other

Name of source send you: _____

Part 2-----

4. Date of incident or accident:

5. Address of accident or place of accident:

6. Describe how did happened?

7. Injuries or body part involved:

8. Name of Employer:

9. Address of Employer:

10. Name and address of hospital visited:

11. Date of hospital or doctor visited:

12. I was advised that Bhurtel Law Firm is unable to represent me.

13. I need to find immediately another lawyer if I want to pursue for my matters, claim or represent me.

14.

Signature of person in Part 1: _____

Taken By:

Next Appointment: