

Law Office of Erica Denise Moore - Initial Contact Report

Date of Contact: ___/___/___ **Time:** _____:_____

Last Name: _____ First Name: _____

Address: _____

City/State/Zip: _____

Telephone (H): _____ (W): _____

Caller name (If Different): _____

Last Name: _____ First Name: _____

Caller's Relationship to Person Calling About: _____

Date of Incident: ___/___/___ **Time:** _____:_____

Type of Case: (Check All That Apply)

- | | |
|---|--|
| <input type="checkbox"/> Automobile Accident | <input type="checkbox"/> Slip & Fall |
| <input type="checkbox"/> Uninsured Motorist | <input type="checkbox"/> Pedestrian |
| <input type="checkbox"/> Motorcycle | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Defective Product | <input type="checkbox"/> Assault |
| <input type="checkbox"/> Claim Against Government | <input type="checkbox"/> Medical Malpractice |
| <input type="checkbox"/> On-The-Job Accident | <input type="checkbox"/> Minor |
| <input type="checkbox"/> Wrongful Death | <input type="checkbox"/> Domestic Relations |
| <input type="checkbox"/> Property Damage | <input type="checkbox"/> Criminal |
| <input type="checkbox"/> Traffic/DUI | <input type="checkbox"/> Consumer |
| <input type="checkbox"/> Contract | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Wills/Estate/Probate | <input type="checkbox"/> Landlord/Tenant |
| <input type="checkbox"/> Other (Specify) | |

Describe Incident:

Describe Injuries:

Adverse Parties:

(1) Last Name: _____ First Name: _____

Address: _____

City/State/Zip:

Telephone (H): _____ (W): _____

(2) Last Name: _____ First Name: _____

Address: _____

City/State/Zip:

Telephone (H): _____ (W): _____