

LAW OFFICE OF JEANNE FUGATE, PLLC

4606 FM 1960 W, Ste. 400

Houston, Texas 77069

Tel. (281)859-9200

Fax (832)533-9831

E-mail: jeannefugate7121@gmail.com

Web: www.fugatelawfirm.vpweb.com

PROSPECTIVE CLIENT PERSONAL INJURY/AUTO ACCIDENT WORKSHEET

Please fill out this form completely and bring it with you to your scheduled appointment. You may also fax this form in to (832)533-9831 or e-mail it to jeannefugate7121@gmail.com. Please note that the receipt of this form does not mean that I have agreed to represent you. I do not represent you until you have signed, delivered, and I have accepted of a copy of my written fee agreement. **Please see the attached Agreement for Legal Services document, execute and include it in the packet.**

Please attach any documents as required

AGREEMENT FOR LEGAL SERVICES

JEANNE FUGATE ("attorney") agrees to provide legal services in the Personal Injury/Auto Accident case discussed with _____, Client

Attorney is fully authorized to sue on said claim, prosecute the same to judgment, and to negotiate settlement. It is distinctly understood that settlement shall not be made by the attorney without the client's approval. Client hereby agrees to make no settlement, nor offer of settlement without the consent of the attorney.

In consideration of the services rendered and to be rendered to the Client by attorney, the client does hereby assign and convey to attorney as her compensation herein the following present undivided interest in said claim:

- 33 1/3 % of gross settlement, if settlement if made before suit is filed thereon;**
- 40 % of gross settlement if collection or settlement is made before trial;**
- 45 % of gross proceeds should trial begin,**

plus expenses, including, but not limited to filing fees, depositions, postage, copies, long distance phone calls and faxes. **Client will be responsible for paying in advance for all medical records or reports.**

Attorney is authorized to employ other persons or firms deemed necessary for the proper handling of this matter, at client's expense, but attorney will not obligate client for any expenses in excess of \$50.00 without client's prior approval. **Client understands there are no guarantees represented of success.**

All sums collected from client's opposing party will be credited against client's obligation, but only when actually received by attorney. This agreement is performable in any county in Texas.

The undersigned have read this agreement and agree to each of the terms and conditions stated in it.

SIGNED this _____ day of _____, 20 ____.

Client Signature

Jeanne Fugate
Attorney at Law
4606 FM 1960 W
Suite 400
Houston, Texas 77069
(281)859-9200 Tel.
(832)533-9831 Fax

SOL: _____

**PERSONAL INJURY/AUTO ACCIDENT
INTAKE SHEET**

INITIAL CLIENT STATEMENT

HAVE YOU SPOKEN TO ANOTHER ATTORNEY ABOUT THIS CASE? _____

IF SO, PLEASE GIVE NAME OF ATTORNEY: _____

DO YOU HAVE A SIGNED RELEASE BY THAT ATTORNEY? _____

WHO WERE YOU REFERRED BY: (INDIVIDUAL, YELLOW PAGE AD, ETC.)

PERSONAL INFORMATION:

NAME: _____

Address: _____

Telephone Number: (home) _____

Age: ____ Date of Birth: _____ Social Security No: _____

EMPLOYER: _____

Address: _____

Telephone Number: (work) _____

Occupation: _____ Worked there how long? _____

Immediate Supervisor: _____

SPOUSE'S NAME: _____

Address: _____

Telephone Number: (home) _____

Spouse's Employer: _____

Employer's Address: _____

Telephone Number: (work) _____ Occupation: _____

Age: ____ Date of Birth: _____ Social Security No: _____

CHILDREN:

Name(s)/Age(s): _____

How many children are living with you now? _____

EMERGENCY CONTACT:

Name: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

EDUCATION:

High School/G.E.D.: _____ Year of Graduation: _____

Technical School: _____

College/University: _____ Years & Degree: _____

EMPLOYMENT HISTORY:

Employer: _____ Position: _____

Duties: _____

Employer: _____ Position: _____

Duties: _____

Employer: _____ Position: _____

Duties: _____

Employer: _____ Position: _____

Duties: _____

Prior **similar injuries**, treated medical conditions and/or symptoms

to same area or current injury (Dates/Drs.): _____

Prior **claims and/or settlements** (types, dates, attorneys):

List any **prior injury settlements**: _____

ACCIDENT INFORMATION:

Accident Date: _____ Date of Week: _____