

NEW CLIENT and CONFLICT SEARCH APPLICATION

Contact Information

Name		Date
Agency	Title	
Mailing Address		
Phone	Fax	Email

Case & Stakeholder Information

Jurisdiction: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Other Please specify:	
County, City, State	
Plaintiff	Defendant
Attorney representing Plaintiff	
Attorney representing Defendant	
Law Enforcement Agency	
Charges	
Indictment(s)	

Core Investigation Data

Name of Patient	
Date of Injury	Date of Birth
Primary Hospital Providing Care	
Most Responsible Physician	
Major Diagnoses	

Brief Summary of Official Circumstances of Injury/Injuries

Funding Source(s)

Check all that apply:

- Government sources
- Private sources
- Other

If "other" indicate what source(s):

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