

## INITIAL CLIENT MEETING CHECKLIST

We look forward to meeting with you and filing your accident claim as soon as possible. At the conclusion of our upcoming meeting, our staff and investigators will immediately begin assembling your file. In order to move forward with the investigation and filing of your accident claim as quickly as possible, please bring the following with you to our meeting:

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| <ul style="list-style-type: none"><li><input type="checkbox"/> Police report (Texas Peace Officers' Crash Report). If you do not have this, please bring the case number if the police officer assigned you a case number, or as much information as possible regarding the exact date and location of the accident</li><li><input type="checkbox"/> Contact information for everyone in the vehicle involved in the accident</li><li><input type="checkbox"/> Eyewitness information (if applicable)</li><li><input type="checkbox"/> Your driver's license</li><li><input type="checkbox"/> Photographs of the vehicles damaged in the crash in your possession</li><li><input type="checkbox"/> Photographs of the scene of the accident in your possession</li><li><input type="checkbox"/> Any auto insurance information for any person involved in the wreck including the Declarations Page</li><li><input type="checkbox"/> Your auto liability insurance card</li><li><input type="checkbox"/> Correspondence, letters or forms sent to you or received by you from any insurance company relating to the wreck or injuries resulting from the wreck</li><li><input type="checkbox"/> Your health insurance information and card</li><li><input type="checkbox"/> Repair estimates for your vehicle</li></ul> | <ul style="list-style-type: none"><li><input type="checkbox"/> If your vehicle is a total loss, please bring your title, lien holder information, etc.</li><li><input type="checkbox"/> Receipts for towing or impound lot fees</li><li><input type="checkbox"/> A list of all ambulance, hospitals, medical clinics or doctors that you have seen as the result of this accident</li><li><input type="checkbox"/> A list of all ambulance, hospitals, medical clinics or doctors that you have seen for any medical condition (even if not related to this accident) for the five (5) years prior to this accident to the present date including name, address and telephone number</li><li><input type="checkbox"/> Pay-check stubs or other lost wage verification</li><li><input type="checkbox"/> A copy of any official letter or card concerning any government benefits or programs in which you are enrolled - There is no way for us to help you protect your government benefits or avoid penalties if we do not know the benefits you are currently receiving.</li></ul> |
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We will be happy to make a copy and/or scan of all of the above items for our file. If some of the above information is not in your possession, or readily available to you, our staff and our investigators will work with you in obtaining them.