
FAX COVER SHEET

To:

Attention: Jason B. Goldman

Wotitzky, Wotitzky, Ross, Goldman, Stuges & Tuttle
18501 Murdock Circle, Suite 501
Port Charlotte, Florida 33948

From:

Telephone:

(941) 639-2171

Telephone:

Fax:

(941) 627-1388

Fax:

Date: ____ / ____ / ____ (month / day / year)

Number of Pages (Including this cover): ____

If there are troubles with this difficulty,
please contact me at: _____

SPECIAL NOTES:

PLEASE READ THE DISCLAIMERS BELOW

I. Limited Evaluation and Response Time

After we receive the information you have provided, we will evaluate the information and then contact you in the manner you have requested to discuss with you the results of our preliminary evaluation of the merits of your case and whether our firm is willing to represent you. If the information you have sent is not sufficient for us to provide you with full answers to all of your questions, we will contact you to obtain the necessary additional information before we give you our evaluation of your potential claim. We will make every effort to contact you the very same day regarding our evaluation.

II. Attorney's Fees and Costs

Once again, this limited evaluation is free of both charge and obligation to you. If you decide to employ our firm to assist you, we will first review the "Statement of Client's Rights" form with you, which strictly follows the Rules of Professional Conduct for Florida attorneys, written by the Florida Bar. When you hire this firm to assist you with your personal injury claim, no attorney's fees are paid unless a settlement or jury verdict is secured. This is known as a contingency fee, meaning if no compensation is recovered, then no fees are charged for our legal services. We will also be reimbursed for all the costs we advance on your behalf. Our contingency fee agreements are always reviewed, line by line, with the client before the agreement is signed by both client and attorney.

We accept personal injury cases on a contingency fee basis because we understand that families can be ruined, both physically and financially, when a loved one is seriously injured in an accident. Medical bills can mount quickly, and in many instances, the injured family member misses work because of their injuries, causing even greater financial hardship on the family. A contingency fee arrangement allows you and your family to receive assistance at a time you need it most.

III. Need for Complete Claim Evaluation

The initial evaluation we provide is obviously limited by the information you provide to us. Final advice can only be based upon a complete evaluation of your entire case. This cannot be accomplished with the limited information you have given us above. Often a full evaluation of a claim cannot be given without collecting considerable information, records, and other investigation. Often a decision about a claim can only be made after a personal interview.

IV. Statute of Limitations

Your claim may be barred by the Statutes of Limitations. These statutes provide that if a suit is not brought within a certain amount of time, the claim can never be thereafter brought. Likewise, the information you furnish may be furnished at a time so close to expiration of the statute of limitations that we do not have time to provide any help to you before the time expires. By asking for our help, you agree that we are not liable for failing to file suit on your behalf or failing to take any other action on your behalf.

V. No Obligation

You are not obligated to employ this firm by sending this information. Likewise, we are not obligated to accept you as a client by providing this help to you. We reserve the right to decline to represent you for any reason whatsoever. Once we have provided the limited service mentioned above, we reserve the right to refuse to become involved in further evaluation of your claim or in providing further advice. If we decline to represent you, or to provide additional advice, we will so advise you in writing at the address you have given us.

VI. Additional Services Offered by Our Firm

We are available to provide additional advice and services upon written or telephoned request unless we advise you of our decision not to do so as outlined above. Please review the Practice Areas section of our web page; members of our firm can assist you with a multitude of legal issues. In addition, please do not hesitate to write us if more information is needed. We appreciate your interest in our firm.

Do you have an Accident Report? **Y** **N**

Who do you feel caused the accident which injured you?

Surname: _____ **First Name:** _____ **Middle Initial:** _____

What do you feel they did wrong?

If you require more space, please check here ____ and attach a separate page titled: RESPONSIBLE

If your injuries resulted from an automobile crash,
do you know the name of the at-fault driver?

Y **N**

If so, what is it? _____

Approximately, how much did it cost to repair the vehicle in which you were riding in the accident?

\$ _____

What is the name of your automobile insurance? _____

If you know, what amounts of coverage do you have for:

- PIP (Personal Injury Protection): \$ _____
- MED-PAY (Medical Payments): \$ _____
- UM/UIM (Uninsured/Underinsured Motorist): \$ _____

Where you wearing a seatbelt? **Y** **N**

When did you first seek medical treatment for your injuries? ____ / ____ / ____ (month / day / year)

Have you lost wages from your job as a result of your injuries? **Y** **N**

If so,

- Approximately how much: \$ _____
- What type of work do you do: \$ _____
- Are you still out of work? **Y** **N**

Have you suffered any other types of losses because of these injuries? **Y** **N**

If so, please describe them for us:

If you require more space, please check here ___ and attach a separate page titled: LOSSES

Were you married when your injuries occurred? **Y** **N**

If so, describe damages or losses suffered by your spouse as a result of your injuries:

If you require more space, please check here ___ and attach a separate page titled: SPOUSE

Did you have children under the age of 18 when your injuries occurred?

If so, please list your children's names and ages:

1. Surname: _____ First Name: _____ Middle Initial: ____ Age: ____

2. Surname: _____ First Name: _____ Middle Initial: ____ Age: ____

3. Surname: _____ First Name: _____ Middle Initial: ____ Age: ____

4. Surname: _____ First Name: _____ Middle Initial: ____ Age: ____

If you require more space, please check here ____ and attach a separate page titled: CHILDREN

Have you contacted any other lawyer(s) about your potential personal injury claim? **Y** **N**

If so, did the lawyer(s) agree to represent you? **Y** **N**

Are you currently represented by a lawyer? **Y** **N**

Are you wanting to hire a new lawyer, or are you seeking a second opinion?

• New Lawyer: **Y** **N**

• Second Opinion: **Y** **N**

Is any other lawyer owed a fee in your potential personal injury claim? **Y** **N**

If we elect to represent you, do you want to employ us? **Y** **N**

Would you like to arrange a personal interview? **Y** **N**

Please list any other questions you would like us to answer for you:

If you require more space, please check here ____ and attach a separate page titled: QUESTIONS

