

Please use as a guide to create your own scripts

Personal Injury Case Scripts

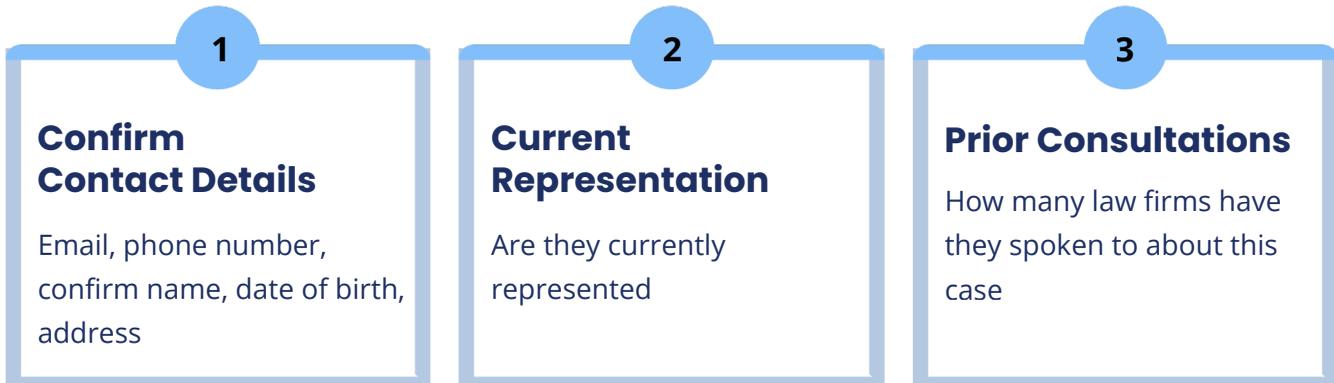
A comprehensive collection of intake scripts for various personal injury case types, designed to ensure consistent and thorough client information gathering across automobile accidents, general injuries, medical malpractice, premises liability, animal incidents, and mass tort cases.



Auto Accident Cases

Approved Case Type: Automobile Accident

Initial Information Gathering:



Accident Details:

- What type of crash was it
- Was your vehicle involved in an accident with a box truck, tractor trailer, semitruck or passenger bus
- Were you the driver, or the passenger
- Was anyone else in the vehicle injured
- Describe crash details
- How many vehicles were involved
- Were you on the job

Injury and Insurance Information:

- What are client's injuries
- What is Plaintiff's insurance company
- Do you have a claim number
- If no claim number is available, what is your policy number
- Do you know the defendant's insurance company
- Do you have a claim number for the defendant's policy
- If you don't know the claim number, do you have the defendant's policy number
- Do you know the defendant's name
- What state did the Defendant reside in on the date of the incident
- Did the police come to the scene

General Injury Cases

Approved Case Type: General Injury

General injury cases require a streamlined intake process focused on essential background information and injury details.

1 Get Basic Background

Email, phone number, confirm name, date of birth, address

2 Current Legal Representation

Are they currently represented

3 Prior Law Firm Consultations

How many law firms have they spoken to about this case

4 Incident Description

What happened

5 Injury Assessment

What are the injuries

Medical Malpractice Cases



Approved Case Type: Medical Malpractice

Comprehensive Intake Questions:

Client Information

- Confirm email, phone number, name, date of birth, address
- What is the client's current age
- Are they currently represented
- How many law firms have they spoken to about this case

Medical Details

- Defendant Hospital Name
- Full name(s) of potentially responsible doctor(s)
- What does the client think was done wrong
- Original reason for medical treatment

Timeline and Documentation:

- Timeline of when procedure/issues occurred
- What injuries do you have
- Does the client have their medical records
- Did any Doctor say that malpractice is possible here
- Incident Date
- Date of surgery/hospital visit
- Discovery Date
- Date they realized there was an issue

Premises Liability: Slip, Trip and Fall Cases

Approved Case Types: Slip and Fall, General Injury

Property and Client Information:

- What is the name and address of the property owner
- Confirm email, phone number, name, date of birth, address
- Are they currently represented
- How many law firms have they spoken to about this case

Incident Conditions and Documentation:

Environmental Factors

Was the incident due to ice/snow, liquid or other.

If snow/ice, was the area plowed/shoveled. If snow/ice, was the area altered

Documentation

Was an incident report created. Does the client have an incident report

Scene Details

Describe what was wrong with the area and what happened. Was it day or night

Additional Investigation Questions:

- Did you ask about PMH
- Did this happen on government property
- Were there signs up about the dangerous condition
- What type of shoes were you wearing
- Do you have photos of the alleged defect
- Were there video cameras in the area
- What state did that case occur
- What is the address of where the incident happened
- What are the injuries

Animal Incident Cases

Approved Case Type: Animal Incident

Animal incident cases require detailed information about the animal's history and the circumstances of the injury.

01

Client Confirmation

Confirm email, phone number, name, date of birth, address

02

Legal Status

Are they currently represented. How many law firms have they spoken to about this case

03

Animal Information

What type of animal caused the injury

04

Animal History

Has the animal ever bit another person to your knowledge. How many times has the client been near the animal in the past

05

Aggression Assessment

Has the animal ever shown signs of aggression.

What are the details related to signs of aggression

06

Incident Timeline

Details of what happened (timeline)

07

Ownership Details

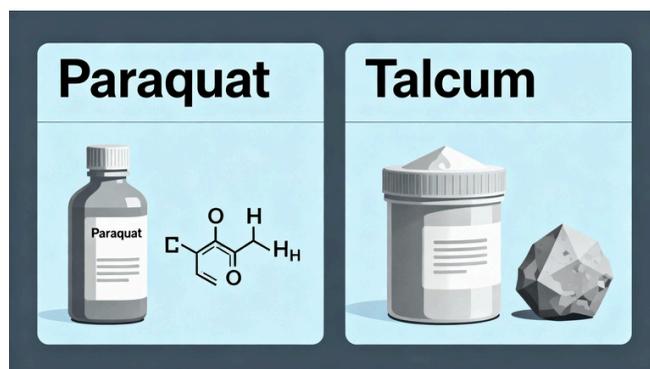
Landlord, renter, owner information

08

Injury Documentation

What are your injuries

Mass Tort Cases: Paraquat and Talcum



Approved Case Type: Mass Tort

Paraquat (Weed Killer)

Paraquat exposure from farms:

- Get basic background: email, phone number,
- confirm name, date of birth, address
- Does the client have Parkinson's disease
- Did they work or live near a farm
- Please explain the client's exposure to
- paraquat spray (Frequency and duration)

Talcum (Baby Powder)

Johnson & Johnson Baby Powder used in vaginal area:

- Get basic background: email, phone number,
- confirm name, date of birth, address
- Original reason for medical treatment
- What injuries do you have
- Does the client have their medical records
- Did any Doctor say that malpractice is possible here

Exactech Hip Implant Recall



- 2022 Recall
- Defective Components
- Patient Injuries

TBT Chemical Exposure Litigation



- TBT Contamination
- Environmental Impact
- Class Action Lawsuits

Mass Tort Cases: Exactech and TBT Facts

Knee and ankle replacements gone bad and recall

Approved Case Type:

Mass Tort

Script:

1. Get basic background: email, phone number, confirm name, date of birth, address
2. Did the client have an Exactech knee, ankle or other replacement
3. What are their complications
4. Was there a 2nd surgery

Round Up Facts

Farmers and casual users contracting the following cancers:

- Non-Hodgkin's Lymphoma
- T-Cell Lymphoma
- Adult T-Cell Leukemia-Lymphoma
- Other Lymphoma Cancer
- Other Leukemia Cancer
- Burkitt Lymphoma
- Marginal Zone Lymphoma
- Follicular Lymphoma
- Diffuse Large B-Cell Lymphoma
- Primary Central Nervous System (CNS)
- Lymphoma Hairy Cell Leukemia
- Lymphoblastic Lymphoma
- Mantle Cell Lymphoma
- Chronic Lymphocytic Lymphoma

Approved Case Type:

- Mass Tort
- Put **PHONE NUMBER, DATE OF BIRTH, EMAIL, ADDRESS** into the right side of the intake screen & description for this case type.
- Put **SOCIAL SECURITY # on ONLY** the right side of the screen

Script

1. Are you currently represented by another law firm for a roundup case:
2. What type of Cancer do you have:
3. What was the Date of diagnosis:
4. How Frequent & for how long did you use roundup:
5. Were you a farmer or casual user:
6. Do you have a Smoking history:
7. Description of cancer treatment: Do you have a Family history of cancer:
8. What is the name and address of the Hospitals where cancer treatment was provided:
9. What is your Current address:
10. What is the best phone number:
11. What is the best email:
12. What is your Date of birth:
13. What is your social security # (DO NOT PUT BELOW, PUT ON RIGHT SIDE OF SCREEN):
14. State of diagnosis (if death, ignore): 15. State of death (if no death, ignore):

Roundup Mass Tort: Complete Intake Script

Comprehensive Roundup Case Intake Questions:

1

Current Representation

Are you currently represented by another law firm for a roundup case

2

Cancer Diagnosis

WhattypeofCancerdoyou have

3

Diagnosis Date

WhatwastheDateof diagnosis

4

Roundup Usage

HowFrequent&forhow long did you use roundup

5

User Type

Wereyouafarmer or casual user

6

Smoking History

DoyouhaveaSmoking history

7

Cancer Treatment

Description of cancer treatment

8

Family History

DoyouhaveaFamily history of cancer

9

Treatment Hospitals

Whatisthenameandaddress of the Hospitals where cancer treatment was provided

10

Current Address

What is your Current address

11

Contact Information

Whatisthebestphonenumber and What is

12

Personal Details

WhatisyourDateofbirth and What is your