

RAINEY & RAINEY, ATTORNEYS AT LAW L.P.
SPECIAL NEEDS PLANNING FOR PERSONAL INJURY RECOVERY

Today's Date _____

Full Name of Plaintiff _____			
Full Name of Plaintiff's Representative _____			
Address _____	City _____	State _____	Zip _____
Telephone Number _____			
Date of Birth _____		Marital Status _____	
Driver's License # _____		Social Security # _____	
Guardian Ad Litem _____			
Trustee _____			
Structured Settlement Broker _____			
Target Completion _____			

PERSONAL INJURY ATTORNEY

Name _____

Firm _____

Address _____

Office Phone _____ Cell Phone _____

E-mail _____

REFERRAL SOURCE

Previously used our services General Reputation Website Advertising

Referred by another client: _____

Referred by a professional: _____

Other: _____



BENEFITS PLAINTIFF IS CURRENTLY RECEIVING:

SSDI **SSI** **Medicare** **Medicaid** **SNAP** **Unknown**

SPOUSE OF PLAINTIFF

Name of Spouse _____

Spouse's Full Address _____

Spouse's Phone _____

PARENTS OF PLAINTIFF

Father Full Name _____

Full Street Address _____

Phone _____ Date of Birth _____

Mother Full Name _____

Full Street Address _____

Phone _____ Date of Birth _____

OTHER CAREGIVERS OF PLAINTIFF

Full Name _____

Full Street Address _____

Phone _____ Date of Birth _____

Full Name _____

Full Street Address _____

Phone _____ Date of Birth _____

