

Personal Injury Case Submission

BOHBOT & RILES, P.C.

reception@strikebacklaw.com

4319 Piedmont Avenue, 2nd Floor, Oakland, CA 94611 Tel.: (510) 273-3111 Fax: (510) 273-8911

Instructions: We recommend that you download this document, complete it by providing as much detail as possible, save it on your system, then email it back as an attachment to reception@strikebacklaw.com or fax to the number above. Please do not use all caps. Use the tab key to move to the next field and only complete the sections that apply to your case. Once we receive this completed case submission form, we will determine whether we are able to help you

Your Information

First Name: _____ Last Name: _____

E-mail: _____

Home Phone: _____ Cell Phone: _____

No. and Street: _____ Apt.: _____

City: _____ State: _____ Zip: _____

If you belong to a social network (Myspace, Facebook, Twitter, etc.) or have a blog or any other personal webpage, please provide the URLs.

max:
500
chars.

How did you hear about Bohbot & Riles? _____

Information About the Responsible Party

First Name: _____ Last Name: _____

Telephone: _____ E-mail: _____

No. and Street: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Information About the Personal Injury

Date of injury: _____

Type of accident: _____

Lost wages, if any: \$ _____

Medical expenses, if any: \$ _____

Did you contact the police? Yes No

If so, which department? _____

Do you have a copy of the police report? Yes No

Other reports: _____

What happened?

max:
2650
chars.

Damage to your property:

max:
1130
chars.

Damage to their property:

max:
1130
chars.

Physical injuries to you:

max:
1130
chars.

Physical injuries to others:

max:
1130
chars.

Please include any additional information you may have:

max:
1590
chars.

Important Information

Please Note:

- If we take your case, we get paid only if you recover.
- We will contact you if we are interested in taking your case.
- We cannot guarantee a response to every submission.
- We advise you to continue to seek counsel.