

## PERSONAL INJURY ACTION CHECKLIST

Re:  
 File Number:  
 Date of Loss:

Do	Date Required	Date Received	Item of Work
<input checked="" type="checkbox"/>			1. Client executed retainer agreement
<input type="checkbox"/>			2. Client executed authorization forms
<input type="checkbox"/>			3. Police/fire report
<input type="checkbox"/>			4. Photographs
<input type="checkbox"/>			5. Police interview
<input type="checkbox"/>			6. Dispose of traffic citation against client
<input type="checkbox"/>			7. Motor vehicle report
<input type="checkbox"/>			8. Letters to witnesses
<input type="checkbox"/>			9. Witness statements
<input type="checkbox"/>			10. Damage estimate of personal property
<input type="checkbox"/>			11. Wage verification
<input type="checkbox"/>			12. Medical reports and bills
<input type="checkbox"/>			13. Autopsy report
<input type="checkbox"/>			14. Death certificate
<input type="checkbox"/>			15. Hospital bill
<input type="checkbox"/>			16. Hospital record/nurse's minutes
<input type="checkbox"/>			17. Other proofs of loss (list item below)
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			18. Demand for appraisal
<input type="checkbox"/>			19. Letter to insurance company with documentation of injuries
<input type="checkbox"/>			20. Demand letter for settlement
<input type="checkbox"/>			21. Complaint and summons
<input type="checkbox"/>			22. Answer
<input type="checkbox"/>			23. Interrogatories
<input type="checkbox"/>			24. Request to produce documents, etc.
<input type="checkbox"/>			25. Answers to interrogatories
<input type="checkbox"/>			26. Request to disclose expert
<input type="checkbox"/>			27. Depositions (list names of subjects)