Hoge Partners PLLC
Suite 600
Kentucky Home Life Building
239 South Fifth Street
Louisville, Kentucky 40202-3262
Fax: (502) 583-1223
Phone: (502) 583-2005

James K. Murphy
Ruth J. Wilkerson
William L. Hoge, III
Attorneys at Law

DivorceInKentucky.com

ACCIDENT CLAIM DATAPACK

Dear Potential Client:

By completing the following **Accident Claim Datapack**, you can provide us with the information we need to assess your accident claim. Please be as complete and accurate as possible. If you need more space for any answers, please continue your response on the back of this form.

We do not generally handle personal injury cases directly, so you may expect to be referred to another attorney who focuses on this specific area of law.

If you have any questions, you may discuss them with us at the time of your first conference. This information will, of course, be kept confidential. Thank you.

Very truly yours,

JAMES K. MURPHY
RUTH J. WILKERSON
WILLIAM L. HOGE, III
Attorneys at Law

Hoge Partners PLLC

Attorneys at Law
Concentrating in Family Law Representation
throughout Greater Metropolitan Louisville
THIS IS AN ADVERTISEMENT.

239 South Fifth Street
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Email: HogePartners@DivorceInKentucky.com
Website: DivorceInKentucky.com

***Hoge Partners, PLLC** is the successor to Hoge & Associates, a law practice with a four-decade history of providing legal services throughout Metropolitan Louisville, including Jefferson, Oldham, Hardin and Bullitt Counties.*

JAMES K. MURPHY

Jim Murphy is the Managing Partner of **Hoge Partners, PLLC**. He began practicing law in Kentucky in 1993. He graduated *magna cum laude* from Washington & Lee University and *cum laude* from the Lewis School of Law at Washington & Lee University.

Prior to joining Hoge & Associates in 2014, Jim's practice with another Louisville firm focused in commercial transactions, real estate and business. Since then, he has refocused his practice on Family Law matters with a special emphasis on associated business and real estate factors. Jim's caseload includes a variety of Family Law matters including domestic violence actions and criminal defense in child support matters as well as processing divorces, child support, child custody and post-divorce litigation. He also has significant appellate experience.

RUTH J. WILKERSON

Ruth Wilkerson is a Partner of **Hoge Partners, PLLC**. She has been practicing law in Kentucky since 2010. A graduate of Transylvania University in Lexington, Kentucky and the Appalachian School of Law in Grundy, Virginia, Ruth has a varied legal background which included estate planning, workers compensation, personal injury litigation, employment law, civil rights discrimination and sexual harassment.

Ruth has focused on Family Law matters since joining the firm in 2014. She handles both contested and uncontested divorce actions, post-divorce litigation, modifications of child support and maintenance/alimony, disputed parenting matters such as visitation schedules and primary residence, adoption proceedings, child custody and domestic violence proceedings.

WILLIAM L. HOGE, III

Bill Hoge has been practicing law in Louisville since 1972 and focused on Family Law for better than half of that period. He retired from active practice in 2017. Bill remains of counsel to the firm of **Hoge Partners, PLLC**, providing advice and guidance to attorneys Jim Murphy and Ruth Wilkerson and handling a limited number of cases. He is still a Fellow of the American Academy of Matrimonial Lawyers and formerly served as the Chair of the Family Law Sections for both the Kentucky Bar Association and the Louisville Bar Association. The majority of Mr. Hoge's legal career has been dedicated to Family Law and being of service to people going through the divorce process in Kentucky, individuals needing assistance with post-divorce matters (child support, custody, visitation, etc.), victims of domestic violence, international parental abductions and others situations relating to Domestic Relations law.

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ACCIDENT CLAIM DATAPACK

Today's Date: _____

FULL NAME: _____

ADDRESS: _____
{Street Address or P. O. Box}

_____
{City} {County} {State} {Zip Code}

TELEPHONE: Home -- _____ Work – _____

Mobile Phone – _____

EMAIL: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NO.: _____-____-_____

ARE YOU MARRIED? _____ SPOUSE'S NAME: _____

THE SPACE BELOW IS FOR OFFICE USE ONLY

Date of Initial Interview: _____ Interviewed by: _____

Retainer Agreement signed? _____ Date Signed: _____ Retainer Paid: $_____

[__] Request medical records from _____

[__] Request Police Report ☐ Medical Records Authorization signed?

Document(s) Required: [__] Draft Complaint *Service by:* *[_]Sheriff* *[_]Certifed Mail* *[_]Secretary of State*

MOTIONS: _____

DISCOVERY: [_]Interrogatories [_]Request for Production [_]Request for Admission

Depositions of: _____

Other: _____

Statute of Limitations Expires: _____

How did you learn about us?

❑ Referral from another attorney: _____
❑ Personal referral from: _____
❑ Our website at www.DivorceInKentucky.com
❑ Other: _____

YOUR EMPLOYER:

Company Name: _____

Company Address: _____

_____
City County State Zip

Company Telephone Number: _____

Supervisor's Name,
Title & Department: _____

Your Title or Position: _____

Your Present Rate of Pay: $_____ per _____

What hours do you usually work? _____

When did you begin this employment? _____

Any recent changes in your employment? _____

YOUR EDUCATION:

What is your educational background (including any special training)?

_____

DETAILS OF INJURY:

Date of Injury: _____

WHERE did the injury happen? _____

Where the police called to the scene? _____

If so, did the police make a report? _____

Which police department responded? _____

Do you have a copy of the report? _____
If so, please provide us with a copy.

Was it necessary for you to be attended or removed from the scene of the injury by EMS?
If so, was the ambulance from the city, the county or a private service?

_____

Was it necessary for you to go to or be taken to a hospital for emergency treatment? If so, please identify which hospital and when you were taken there.

_____

What were you doing at the time of the injury?

_____

_____

Please indicate the name, address and telephone number (if known) of any other persons involved in the injury, **describing their role in the injury**. If you need more room, please use the back.

_____

_____

_____

Briefly describe the injury:

_____

_____

_____

How much time did you miss from work as a result of your injuries?

_____

When did you return to work? _____

List any activities you have not been able to do or perform since the injury (i.e., housework, driving, working, engaging in sports, yardwork, hobbies, etc.)

_____

_____

Do you have any photographs of your injuries?

_____

PLEASE PROVIDE US WITH THOSE PHOTOGRAPHS.

Have you ever been involved in any other injuries (automobile, work-related, slip-and-fall, etc.)? If so, please explain.

_____

Have you ever been involved in a law suit? If so, explain.

Do you have a police record? If so, explain.

Have you ever been in the military? Do you have any service-related injuries or conditions? If so, explain.

MEDICAL TREATMENT RECEIVED AS A RESULT OF THIS ACCIDENT:

WHO IS YOUR PRIMARY (TREATING) PHYSICIAN? _____

Please list all of the doctors or health practitioners you have seen **in the last five years**, beginning with those seen with respect to this injury or illness.

Health Care Provider's Name, Address and Telephone Number	Date you first saw this doctor	Date you **last** saw this doctor	What type of provider is this?
			☐ Physician ☐ Chiropractor ☐ Physical therapist ☐ Other: _____
			☐ Physician ☐ Chiropractor ☐ Physical therapist ☐ Other: _____
			☐ Physician ☐ Chiropractor ☐ Physical therapist ☐ Other: _____

PLEASE COMPLETE AND SIGN THE ATTACHED MEDICAL AUTHORIZATION FORMS

Please return completed Datapack to:

HOGE PARTNERS, PLLC
Kentucky Home Life Building, Suite 600
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If you have questions, please call us at (502) 583-2005.

AUTHORIZATION FOR MEDICAL REPORTS,
HOSPITAL RECORDS, WAGE RECORDS
AND MISCELLANEOUS RECORDS

NAME: _____ ADDRESS: _____

DATE OF BIRTH: _____ _____

DATE OF ACCIDENT: _____ SOCIAL SECURITY NUMBER:

TYPE OF CASE: Personal Injury _____ _____-_____-_____

TO WHOM IT MAY CONCERN:

I hereby authorize **HOGE PARTNERS, PLLC**, attorneys at law, any member or employee of HOGE PARTNERS, PLLC or the bearer of this Authorization, with offices in the Kentucky Home Life Building at 239 South Fifth Street, Suite 600, Louisville, Kentucky 40202-3262, or the bearer hereto, to inspect and copy any and all medical reports and records, hospital records, *psychiatric or mental health records*, prescription files, drug records, employment and/or wage records, *testing for HIV*, *substance abuse*, and all other records of any nature including, but not restricted to, those of the Social Security Administration, Internal Revenue Service, Kentucky Department of Revenue, Railroad Retirement Board, Veterans Administration and any Police Department records.

I further authorize and request each health care provider to cooperate with the bearer of this Authorization and, upon request, to give the bearer a full medical narrative report and a listing of all medical expenses.

You are further requested to disclose no information to any insurance company or any other person without written authority from me to do so, except a carrier who is paying for medical bills during treatment. All prior authorizations are hereby cancelled.

A photostatic copy or facsimile hereof shall be considered as fully as the original copy.

_____ _____
Date Signed Signature

Sworn to and subscribed before me on the
_____ day of _____, 20____.

_____
NOTARY PUBLIC

My commission expires: _____

AUTHORIZATION FOR MEDICAL REPORTS,
HOSPITAL RECORDS, WAGE RECORDS
AND MISCELLANEOUS RECORDS

NAME: _____ ADDRESS: _____

DATE OF BIRTH: _____ _____

DATE OF ACCIDENT: _____ SOCIAL SECURITY NUMBER:

TYPE OF CASE: Personal Injury _____ _____-_____-_____

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REMINDERS TO PERSONAL INJURY CLIENTS

1. Deliver to us the originals of all **medical bills** which you receive. WE ARE NOT RESPONSIBLE FOR THE PAYMENT OF THESE BILLS, but we need them in order to determine the identity of all the doctors, hospitals, etc. who have a claim. We also need to be able to document all of your medical expenses.

   Since you are legally and technically responsible for the ultimate payment of these bills, we suggest that you pay them, if possible. Among other things, paying them will help protect your credit rating. If we are successful, we hope to be able to recoup these medical expenses for you. If you do not pay them now, you will have to pay them later out of the proceeds of your settlement or award.

   If you cannot pay these bills and the health care providers begin harassing you about payment, tell them that the matter has been turned over to an attorney and advise them to write to me.

2. You also need to provide us with:

   Any photographs of your vehicle and the injury scene;

   Any photographs of yourself which show your injuries, including pictures of you in the hospital;

   Any photographs of yourself which show you doing things you are no longer able to enjoy (such as fishing, hunting, gardening, sports, etc.);

   A copy of your automobile insurance policy;

   Any information you have concerning any witnesses; and

   Anything you believe might help us to convince the insurance company of the injuries you have suffered.

Date: _____

TO: _____

_____

_____

I was treated at your facility on or about _____. Kentucky Revised Statute 422.317, effective July 15, 1994, states:

> *"Upon a patient's written request, a hospital licensed under KRS Chapter 216B or a health care provider shall provide, without charge to the patient, a copy of the patient's medical record. A copying fee, not to exceed one dollar ($1.00) per page, may be charged by the health care provider for furnishing a **second** copy of the patient's medical record upon request either by the patient or the patient's attorney or the patient's authorized representative."*

Please send a copy of my records to my attorneys:

HOGE PARTNERS, PLLC
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or you may call me at the telephone number listed below and I will arrange to have these documents picked up at your office. Thank you.

_____
Signature of Patient

_____
Full Name [PLEASE PRINT]

_____
Street Address

_____
City, State and Zipcode

Daytime Telephone Number: _____

Date of Birth: _____

Social Security Number: _____

PLEASE ALSO FORWARD A COPY OF ALL MY BILLING RECORDS. THANK YOU.