THE LANIER LAW OFFICE, LLC

1100 Peachtree Street, Suite 250, Atlanta, GA 30309
Direct: 404.468.7209 • Fax: 404.393.5270 • slanier@lanierlawoffice.com
• Attorney at Law • Licensed in Georgia •

PERSONAL INJURY CLIENT INTAKE

CLIENT INFORMATION Date_____

Client Name:_____Driver or Passenger? (please circle)
Mr. Ms. or Mrs.
Spouse's full name, if married: _____

_____
Address City State/Zip Code

Home #_____Work #_____Cell # _____

E-Mail at home _____ E-Mail at work _____

Date of Birth_____Social Security #_____Driver's License _____

Emergency Contact: Name:_____Address: _____

Home #_____Work#_____Cell#_____Email: _____

IF CLIENT IS A MINOR, PLEASE COMPLETE THE FOLLOWING:
Father:_____ Telephone: _____
Mother:_____ Telephone: _____

ACCIDENT INFORMATION

Date of Incident:_____Time of Incident:_____ ☐ AM ☐ PM
City of Incident: _____ County of Incident: _____

Road/Intersection Did airbags deploy?

WERE THE POLICE CALLED TO THE SCENE? Yes ☐ No ☐
WAS AN ACCIDENT OR INCIDENT REPORT FILED? Yes ☐ No ☐

If yes, please state the accident or incident report number: _____
Passenger in car accident? Please give driver's full name: _____
Was ambulance on the scene of accident? _____

UNDERSTANDNG OF HOW THE INCIDENT OCCURRED: _____

_____

_____

THE LANIER LAW OFFICE, LLC

1100 Peachtree Street, Suite 250, Atlanta, GA 30309
Direct: 404.468.7209 • Fax: 404.393.5270 • slanier@lanierlawoffice.com
• Attorney at Law • Licensed in Georgia •

_____

_____

_____

WERE YOU DRIVING YOUR VEHICLE FOR DOOR DASH DELIVERY, UBER EATS, OR OPERATING YOUR VEHICLE FOR-PROFITS PURPOSE? IF YES, PLEASE EXPLAIN. _____

_____.

DID YOU DO ANYTHING TO AVOID ACCIDENT? (I.E. SWERVE, BRAKE). PLEASE EXPLAIN.

_____.

DID OTHER DRIVER TRY TO DO ANYTHING TO AVOID ACCIDENT? _____

_____.

ANY OBSTRUCTIONS TO EITHER DRIVER'S VISIONS THAT WOULD HAVE MADE IT HARD TO SEE:

_____.

HOW WAS TRAFFIC ON THIS DAY? WAS IT A LOT OF PEOPLE ON THE ROADWAY? WOULD YOU CLASSIFY TRAFFIC AS LIGHT, HEAVY, OR MODERATE? _____

_____.

WERE YOUR BLINKERS OR OTHER DRIVERS BLINKERS USED AT ANY TIME PRIOR TO THIS ACCIDENT: _____.

WAS IT NECESSARY AT ANTIME TO USE YOUR VEHICLE LIGHTS WHILE DRIVING (I.E. DARK, CLOUDY):

_____.

DID YOU HAVE ANY UNREPAIRED PRIOR DAMAGE TO YOUR VEHICLE: _____

_____.

WHAT WAS INITIAL POINT OF IMPACT (I.E. FRONT DRIVER'S SIDE; REAR):_____

_____.

THE LANIER LAW OFFICE, LLC

1100 Peachtree Street, Suite 250, Atlanta, GA 30309
Direct: 404.468.7209 • Fax: 404.393.5270 • slanier@lanierlawoffice.com
• Attorney at Law • Licensed in Georgia •

AFTER THIS IMPACT, DID YOUR VEHICLE MAKE ANY NOISES, AND/OR, WAS IT SHAKING, OR WAS YOUR VEHICLE TOTALLY INOPERABLE: _____.

WAS YOUR VEHICLE MAKING ANY NOISES AND/OR SHAKING PRIOR TO THIS ACCIDENT? WHAT CONDITION WAS YOUR VEHICLE IN (I.E. MAINTENANCE STATUS, LAST BRAKE CHECK, OIL CHANGE): _____

_____.

DO YOU REMEMBER HOW FAST YOU WERE DRIVING WHEN THE ACTUAL IMPACT OCCURRED:

_____.

DO YOU REMEMBER HOW FAST THE OTHER DRIVER WAS DRIVING WHEN THE ACTUAL IMPACT OCCURRED: _____.

WHO DO YOU THINK IS AT – FAULT FOR THIS ACCIDENT AND WHY: _____

_____.

THIS PORTION INTENTIONALLY LEFT BLANK

THE LANIER LAW OFFICE, LLC

1100 Peachtree Street, Suite 250, Atlanta, GA 30309
Direct: 404.468.7209 • Fax: 404.393.5270 • slanier@lanierlawoffice.com
• Attorney at Law • Licensed in Georgia •

PASSENGERS/COMPANIONS (if applicable): (other people in your car who were injured):

NAME_____ Contact Number: _____

Address | City | State/Zip Code

DOB _____ SS# _____

Driver's License: _____ Spouse's Name, if Married: _____

INJURIES: _____

Did above go to the hospital? Yes ☐ No ☐

Name of hospital

Transported by ambulance? Yes ☐ No ☐

Name of ambulance service

Did they take x-rays? Yes ☐ No ☐

IS ABOVE SEEING A DOCTOR NOW? Yes ☐ No ☐ (list all Dr.'s name/address/number)

Do you anticipate any loss of earnings, due to accident related injuries? Yes ☐ No ☐

PROVIDER WLO REFERRED TO: _____ **(for office use only)**

PASSENGERS/COMPANIONS (if applicable): continued

NAME_____ Contact Number: _____

Address City State/Zip Code

DOB: Social Security #:

Driver's License: Spouse's Name (if Married): _____

INJURIES: _____

Did above go to the hospital? Yes ☐ No ☐

☐ ☐

THE LANIER LAW OFFICE, LLC

1100 Peachtree Street, Suite 250, Atlanta, GA 30309
Direct: 404.468.7209 • Fax: 404.393.5270 • slanier@lanierlawoffice.com
• Attorney at Law • Licensed in Georgia •

_____
Name of hospital
Transported by ambulance? Yes No

_____
Name of ambulance service

Did they take x-rays? Yes ☐ No ☐

IS ABOVE SEEING A DOCTOR NOW? Yes ☐ No ☐ (list all Dr.'s name/address/number)

_____

_____

Do you anticipate any loss of earnings, due to accident related injuries? Yes ☐ No ☐

THE LANIER LAW OFFICE, LLC

1100 Peachtree Street, Suite 250, Atlanta, GA 30309
Direct: 404.468.7209 • Fax: 404.393.5270 • slanier@lanierlawoffice.com
• Attorney at Law • Licensed in Georgia •

IF APPLICABLE: PROPERTY DAMAGE
(Damage to your vehicle)

DO YOU NEED HELP IN RESOLVING THE DAMAGE TO YOUR VEHICLE? Yes ☐ No ☐

IS YOUR VEHICLE DRIVABLE? Yes ☐ No ☐

Estimated Damage: $_____

WHERE IS YOUR VEHICLE LOCATED? _____

Your vehicle's year, make, model and color: _____

Your vehicle plate number: _____

Do you have clear title to your vehicle? Yes ☐ No ☐

Who is the owner of your vehicle? _____

PLEASE NOTE THAT IT IS IMPORTANT WE HAVE PHOTOS OF YOUR VEHICLE AND ANY SERIOUS BODILY INJURIES. THESE PHOTOS ARE VERY IMPORTANT TO YOUR CASE.

Can you supply us with pictures of your vehicle? Yes ☐ No ☐ **IF NOT**,

Is your vehicle available for us to take pictures? Yes ☐ No ☐

IF APPLICABLE: YOUR AUTOMOBILE INSURANCE INFORMATION

Name of Insurer:_____

Policy Holder: _____

Policy Number:_____

Agent/Adjuster:_____

Phone:_____

Claim Number (if known): _____

THE LANIER LAW OFFICE, LLC

1100 Peachtree Street, Suite 250, Atlanta, GA 30309
Direct: 404.468.7209 • Fax: 404.393.5270 • slanier@lanierlawoffice.com
• Attorney at Law • Licensed in Georgia •

Type of Coverage: _____

PIP Limits: $ _____

THE LANIER LAW OFFICE, LLC

1100 Peachtree Street, Suite 250, Atlanta, GA 30309
Direct: 404.468.7209 • Fax: 404.393.5270 • slanier@lanierlawoffice.com
• Attorney at Law • Licensed in Georgia •

DEFENDANT INFORMATION: IF APPLICABLE
AUTOMOBILE INSURANCE

Driver's Name: _____ Telephone Number: _____

Address: _____

_____ _____ _____
Driver's Date of Birth, if known Driver's license number, if known At – Fault Party

Name of Insurance Carrier: _____

Agent/Adjuster: _____

Phone Number: _____ Fax Number: _____

Policy Number (if known):_____Claim Number: _____

DESCRIPTION OF DEFENDANT'S (other driver) VEHICLE:

Year / Make / Model: _____ Plate Number: _____

Owner's Name:_____

Were there passengers in the other driver's vehicle? Yes ☐ No ☐ Unknown ☐
If yes, how many? _____

Were there independent witnesses (individuals who were **not involved** in the accident who saw what happened?)
Yes ☐ No ☐

Please list the following with respect to any independent witnesses:

Name: _____ Phone: _____

Address:_____

Name: _____ Phone:_____

THE LANIER LAW OFFICE, LLC

1100 Peachtree Street, Suite 250, Atlanta, GA 30309
Direct: 404.468.7209 • Fax: 404.393.5270 • slanier@lanierlawoffice.com
• Attorney at Law • Licensed in Georgia •

Address:_____

THE LANIER LAW OFFICE, LLC

1100 Peachtree Street, Suite 250, Atlanta, GA 30309
Direct: 404.468.7209 • Fax: 404.393.5270 • slanier@lanierlawoffice.com
• Attorney at Law • Licensed in Georgia •

YOUR INJURIES

Please describe any and all aches, complaints, discomforts and disabilities, as a result of accident related injuries, in detail: _____

_____

Did you go to the hospital? Yes ☐ No ☐

Did you go by ambulance? Yes ☐ No ☐

Did they take x-rays? Yes ☐ No ☐

_____
Name of Hospital

_____
Name of Ambulance Service

How were you transported to hospital if not by ambulance? _____

Were there any fatalities (death) involved? If yes, please explain: _____

Please describe any pre-existing medical conditions or chronic illnesses (include any prior surgeries):

Please describe any past motor vehicle accidents or work related injuries: _____

HAVE YOU SEEN A DOCTOR SINCE THE DATE OF THE ACCIDENT, OTHER THAN AT THE EMERGENCY ROOM? Yes ☐ No ☐

If yes, please list all Doctors: name, address and telephone number

_____

_____

Were there any witnesses to the accident? Can you please provide witness statements to our office (if necessary) _____

Did the at-fault insurance company contact you? If so, did you provide the adjuster a recorded statement? If so, please explain exactly what you stated to the adjuster?

_____

_____

_____

_____

WLO REFERRED TO: _____
(for office use only)

THE LANIER LAW OFFICE, LLC

1100 Peachtree Street, Suite 250, Atlanta, GA 30309
Direct: 404.468.7209 • Fax: 404.393.5270 • slanier@lanierlawoffice.com
• Attorney at Law • Licensed in Georgia •

LOSS OF EARNING

IF YOU ANTICIPATE LOSS OF EARNINGS DUE TO ACCIDENT RELATED INJURIES, PLEASE COMPLETE THE FOLLOWING:

Employer: _____

Your position or title: _____

Rate of Pay: $_____per hour or $_____yearly salary

How many hours do you normally work per week? _____

Please provide the exact number of days missed and any foreseeable days being missed:_____

Can you provide proof of loss wages (i.e. paystubs and /or letter or verification)?_____

Do you have any of these signs and symptoms as a result of this accident {please place a "Y" for "Yes" or "N" for "No" next to each symptom? If any of the answers are "Y", please provide specific details to all of your providers:

_____ Headache / Migrane _____ Dizziness _____ Nausea

_____ Memory Loss _____ Fatigue or Drowsiness

_____ Blurry Vision

Do you have issues with your gait (walk) or movement? Please explain.

_____

Do you have issues with your back and / or physical body alignment? Please explain.

_____

Do you have issues with any of your bones, joints, and/or ligaments? Please explain.

1100 Peachtree Street, Suite 250, Atlanta, GA 30309
Direct: 404.468.7209 • Fax: 404.393.5270 • slanier@lanierlawoffice.com
• Attorney at Law • Licensed in Georgia •

_____

Do you have emotional or cognitive issues as a result of this accident? Please explain.

_____

DO YOU HAVE HEALTH INSURANCE? IF YES, PLEASE COMPLETE THE FOLLOWING:

Name of Insurance Carrier: _____

PPO, HMO, Medicaid, Uninsured motor coverage, Underinsured motorist coverage, MedPay, other (**please circle all that apply**)

Name of Policy Holder: _____

THE LANIER LAW OFFICE, LLC

1100 Peachtree Street, Suite 250, Atlanta, GA 30309
Direct: 404.468.7209 • Fax: 404.393.5270 • slanier@lanierlawoffice.com
• Attorney at Law • Licensed in Georgia •

HAVE YOU GIVEN A RECORDED STATEMENT TO ANYONE? Yes ☐ No ☐

If yes, please state, to whom given and when: _____

_____

PRIOR ACCIDENTS OR INCIDENTS FOR ALL CLIENTS
(**Please DO NOT leave blank, if none, so state)**

DATE	NATURE OF ACCIDENT OR INCIDENT (auto, work related, slip & fall, medical negligence?)	INJURIES

How were you referred to us? (Circle one) I am a previous client Office sign Web Site

B&G letter Radio TV Billboard In Mesquite Friend(please see below) Physician(please see below)

Phonebook:_____Other _____
(please describe how you came to WLO today)

Name of person who referred you: _____
their address: _____
their telephone: _____

DO YOU CURRENTLY HAVE A WILL? Yes_____ No _____
HAVE YOU BEEN DENIED SOCIAL SECURITY BENEFITS? Yes_____No_____
ARE YOU CURRENTLY FACING CRIMINAL CHARGES? Yes _____ No _____

THE LANIER LAW OFFICE, LLC

1100 Peachtree Street, Suite 250, Atlanta, GA 30309
Direct: 404.468.7209 • Fax: 404.393.5270 • slanier@lanierlawoffice.com
• Attorney at Law • Licensed in Georgia •

IF APPLICABLE: WRONGFUL DEATH INFORMATION SHEET

Client(s) relationship to Decedent: _____

Decedent's Name: _____

_____
Address City State/Zip Code

Decedent's:
Date of Birth _____ Social Security #_____Driver's License # _____

Decedent's Employer: _____

_____
Address City State/Zip Code

Job Title/Description: _____

Salary wage rate: _____ Length of Time @ employment _____

Education: High School: Yes ☐ No ☐ Graduated: Yes ☐ No ☐ College: Yes ☐ No ☐ Degree: Yes ☐ No ☐ Post Graduate? Yes ☐ No ☐ Degree: Yes ☐ No ☐

Other (Please List): _____

WAS DECEDENT MARRIED: ☐ YES ☐ NO

NAME OF SPOUSE: _____

CHILDREN: YES ☐ NO ☐

NAME: _____ AGE: _____

ADDRESS: _____ PHONE #: _____

NAME: _____ AGE: _____

THE LANIER LAW OFFICE, LLC

1100 Peachtree Street, Suite 250, Atlanta, GA 30309
Direct: 404.468.7209 • Fax: 404.393.5270 • slanier@lanierlawoffice.com
• Attorney at Law • Licensed in Georgia •

ADDRESS: _____ PHONE #: _____

NAME: _____ AGE: _____

ADDRESS: _____ PHONE #: _____

NAME: _____ AGE: _____

ADDRESS: _____ PHONE #: _____

THE LANIER LAW OFFICE, LLC

1100 Peachtree Street, Suite 250, Atlanta, GA 30309
Direct: 404.468.7209 • Fax: 404.393.5270 • slanier@lanierlawoffice.com
• Attorney at Law • Licensed in Georgia •

IF APPLICABLE: PRODUCT LIABILITY

PRODUCT COMPLAINED OF: _____

FROM WHAT ENTITY WAS THE PRODUCT PURCHASED: _____

PLACE OF PURCHASE:_____

DATE THE PRODUCT WAS PURCHASED: _____

WHO PURCHASED THE PRODUCT: NAME: _____

ADDRESS:_____PHONE # _____

ARE THERE PURCHASE/TRANSACTION DOCUMENTS: YES _____ NO _____

IF YES, CAN YOU SUPPLY: YES ____ NO ____

PRODUCT SPECIFIC INFORMATION:

MANUFACTURER: _____

MODEL NUMBER: _____

SERIAL NUMBER: _____

ARE THERE INSTRUCTION SHEETS, LIMITED WARRANTIES AND/OR OWNER MANUALS FOR THE PRODUCT COMPLAINED OF: YES ____ NO ____

CAN YOU SUPPLY US WITH THIS INFORMATION: YES ____ NO ____

THE LANIER LAW OFFICE, LLC

1100 Peachtree Street, Suite 250, Atlanta, GA 30309
Direct: 404.468.7209 • Fax: 404.393.5270 • slanier@lanierlawoffice.com
• Attorney at Law • Licensed in Georgia •

NARRATIVE

Please provide a narrative on how this impact occurred, where you were headed prior to this impact, and physical and property damages obtained as a result of this impact.

THE LANIER LAW OFFICE, LLC

1100 Peachtree Street, Suite 250, Atlanta, GA 30309
Direct: 404.468.7209 • Fax: 404.393.5270 • slanier@lanierlawoffice.com
• Attorney at Law • Licensed in Georgia •

PERSONAL INJURY CHECKLIST:

- Police Report
- Intake and Agreement (**notarize page 27**)
- Submit internal and external vehicle damage
- Submit bodily damage
- Submit Social Media Agreement
- Keep a track of your pain, injuries, and progressive injuries in journal
- Keep a track of medications and receipts in journal
- Submit loss of wages forms
- Submit Property Vehicle Estimate
- Please submit forms in a pdf format via email, fax, or mail to firm's office

1100 Peachtree Street, Suite 250, Atlanta, GA 30309
Direct: 404.468.7209 • Fax: 404.393.5270 • slanier@lanierlawoffice.com
• Attorney at Law • Licensed in Georgia •

THIS PAGE INTENTIONALLY LEFT BLANK

THE LANIER LAW OFFICE, LLC

1100 Peachtree Street, Suite 250, Atlanta, GA 30309
Direct: 404.468.7209 • Fax: 404.393.5270 • slanier@lanierlawoffice.com
• Attorney at Law • Licensed in Georgia •

PERSONAL INJURY FEE AGREEMENT: CONTINGENCY CASE

Client: _____ Date of Agreement: _____

This agreement only covers the following auto or commercial accident that occurred on:

_____

Employment of Attorneys

This agreement is between the above – named Client (herein referred to as "Client") and The Lanier Law Office, LLC, Attorney at Law (herein referred to as "Attorney"). The laws of the State of Georgia shall govern the construction and interpretation of this agreement. Upon the signing of this agreement, you, as the Client employ this firm as your attorney to act on your behalf by investigating, negotiating, and if necessary, litigating your case involving injuries sustained by you or a minor/incompetent person for whom you are parent or guardian.

You agree that in employing Attorney, several of the firm's personnel will be involved in the tasks of this case, and, as a result, more than one attorney may be involved in representing you. Attorney may in her discretion, and at Attorney's expense, employ associate counsel to assist him in prosecuting Client's claim. Client agrees that attorneys may divide the total attorneys' fees based on the sole judgment of attorneys without further notice to or consent of client, so long as such division of fees is in accord with rules governing the conduct of attorneys.
The Client acknowledges that the primary contact will be with the attorney and the paralegal and/or case manager assigned to your case. Both the attorney and paralegal and/or case manager will work on the client's file. The Client agrees to communicate and cooperate in providing information to both the attorney and the paralegal and/or case manager.

It is critical to the professional relationship fashioned by this agreement that you are candid and forthright in discussing the details of your case with the attorney and the paralegal and/or case manager. All conversations between you and the professionals of this firm are strictly confidential and are privileged from compulsory disclosure.

The Client recognizes that insurances is always important in injury cases. Often, we must pursue your own insurance company. The Client understands Attorney will pursue all available insurance policies including, but not limited to, Client's uninsured motorist coverage, a family member's uninsured motorist coverage, homeowners' insurance, and medical payment's coverage. The Client agrees to disclose all insurance policies that could apply to the case, including those insurance policies belonging to the Client and other individuals. We carefully select which cases we pursue. You agree to notify the firm immediately upon change of any contact information, such as address, email, and telephone number.

THE LANIER LAW OFFICE, LLC

1100 Peachtree Street, Suite 250, Atlanta, GA 30309
Direct: 404.468.7209 • Fax: 404.393.5270 • slanier@lanierlawoffice.com
• Attorney at Law • Licensed in Georgia •

Understanding Fees and Costs

The billing for this matter will involve two types of items: (1) fees and (2) costs. "Fees" refer to the amount due for the Attorney's services and the services of the professionals within the firm and "costs" are the expenses for the services of outside consultants or vendors and any other expenses paid by the Attorney. A further explanation of "fees" and "costs" are explained below. The Client understands that he or she remains responsible for reimbursing the firm for the costs incurred, regardless of the outcome of the case.

Costs

The Client will pay all costs in this case. Costs are different from Attorney's fees discussed below. Costs include, but are not limited to administrative fees paid when the claim settles, reasonable travel expenses, courier (express services) charges, court costs, deposition costs, investigation costs, copy charges, fax charges, postage, costs for experts, and any other legal and/or miscellaneous fees the firm deems necessary. Client will be charged administrative fees for the opening of the claim, filing documents, managing client's file per year, closing of the claim, and other administrative duties related to client's personal injury claim. Costs shall be paid by Clients either directly to the provider or such services or to Attorney as applicable, and if not paid directly, will be deducted from settlement. If a case does not settle, Client will be responsible for reimbursement to Attorney. The Attorney may, in its sole discretion, agree to advance certain costs in litigating a case. If the Attorney chooses to advance such costs, reimbursement shall be made from the gross proceeds of any recovery in addition to the percentage set forth at Attorney's fees below. In all cases, Client is required to reimburse Attorney for all costs incurred by Attorney, if advanced.

Attorney's Fees: Injury Phase

The attorney agrees to represent Client in all matters pertaining to the claim/case described above and Client agrees to pay Attorney, as fees for such representation: THIRTY FIVE PERCENT (35 %**)** recovered for standard automobile cases if the claim is settled before a lawsuit is filed; THIRTY EIGHT PERCENT (38 %) for commercial cases if the claim is settled before a lawsuit is filed; FORTY - THREE PERCENT (43.00 %) percent after a lawsuit if filed; and, FOURTY – EIGHT PERCENT (48.00 %) if additional lawsuits are filed and/or if claim involves expert witnesses. The "amount recovered" includes all sums paid to you as a result of Attorney's representation of you and negotiation on your behalf. "Amount recovered" excludes any court award of sanctions or Attorney's fees for services rendered by this firm. In the event that Attorney's fees are awarded to this firm, such an award shall be allocated solely to the law firm. Regardless of the outcome, however, you remain responsible for reimbursing the firm for the costs incurred as discussed below. Client is responsible for all court costs, filing fees, expert witnesses, and any other unforeseeable trial costs or matter related to the filing if the claim proceeds to trial, unless specifically instructed by Attorney that trials costs will be covered. If Attorney covers trial costs, this costs will be reimbursed to Attorney once the claim is settled. If the claim is not settled, Client remains responsible for costs incurred by firm. If Attorney must travel to the scene of the accident, Client is responsible for travel costs incurred. With consent of Client, Attorney may employ expert investigators to investigate the facts surrounding the subject matter of this agreement. All such experts shall report directly to Attorney. Fees charged by such experts shall be paid by client.

1100 Peachtree Street, Suite 250, Atlanta, GA 30309
Direct: 404.468.7209 • Fax: 404.393.5270 • slanier@lanierlawoffice.com
• Attorney at Law • Licensed in Georgia •

Attorney's Fees: Property Phase

If the Attorney agrees to represent Client in the property phase of the claim/case, Client agrees to pay Attorney, as fees for such representation: TWENTY – FIVE PERCENT (25%) recovered if the claims is settled before a lawsuit is filed; FORTY PERCENT (40%) after a lawsuit is filed; and, FORTY – SEVEN PERCENT (47%) if additional lawsuits are filed and/or if claim involves expert witnesses. Client is responsible for all court costs, filing fees, expert witnesses, and any other unforeseeable trial costs or matter related to the filing if the claim proceeds to trial, unless specifically instructed by Attorney that trials costs will be covered. If Attorney covers trial costs, this costs will be reimbursed to Attorney once the claim is settled. If the claim is not settled, Client remains responsible for costs incurred by firm. If Attorney must travel to the scene of the accident, Client is responsible for travel costs incurred. With consent of Client, Attorney may employ expert investigators to investigate the facts surrounding the subject matter of this agreement. All such experts shall report directly to Attorney. Fees charged by such experts shall be paid by client.

Attorney's Lien

Attorney shall have a lien on the claim or cause of action, on any sum recovered by way of settlement and on any judgment that may be recovered for the sum mentioned above as his fee. Attorney shall have all general, possessory or retaining liens and all special or charging liens known to common law.

The Client understands that if Attorney withdraws from representation, or if Client dismisses Attorney for any reason, Attorney will file an Attorney's lien on any future recovery at the hourly rate of $300.00 per hour or any part thereof for Attorney's time and $175.00 per hour or any part thereof for paralegal or $150.00 per hour or any part thereof for case manager and/or support staff of the firm. Furthermore, the Client acknowledges that Attorney is taking risk in handling this matter on a contingency basis. The Client understands and agrees that the Attorney shall have an attorney lien for an amount of one third of the highest offer that is made by the insurance company in the event that the client terminates the attorney's services.

Distribution of Funds

When funds are received by Attorney, such funds will be distributed in accordance with these guidelines. The Client agrees that when such funds are received, they shall be deposited into Attorney's trust account. Distribution of such funds to Client will only occur when such funds have cleared Attorney's trust account. The Client understands it may take ten days or longer for funds to clear Attorney's trust account.

Specifically, Client authorizes The Lanier Law Office, LLC / Attorney to make a series of payments from the gross amount recovered in any settlement, including, but not limited to: (1) payment of our contingent fee; (2) reimbursement to this firm of any costs advanced by the firm; (3) payment of liens, which are known to us, from any health care providers who provided you health care. In the case of medical providers that do not have liens, Attorney will seek instruction as to whether Client wants Attorney to pay such medical providers from the settlement proceeds. In addition, if a dispute arises over payment of liens or subrogation

1100 Peachtree Street, Suite 250, Atlanta, GA 30309
Direct: 404.468.7209 • Fax: 404.393.5270 • slanier@lanierlawoffice.com
• Attorney at Law • Licensed in Georgia •

issues, Client understands that Attorney may be required to deposit funds into the registry of the court and a request a judicial determination as to distribution of the funds.

Settling Claims

This is your case. Prior to any settlement, your approval will be first be obtained. The Client understands that verbal approval will be used in almost all cases. Once resolved on your behalf, the settlement will be binding upon you. In the event that funds are disbursed to you subject to an outstanding subrogation (third party) claim, left unresolved at the time of settlement, you understand that payment of that subrogation claim or other lien will be made out of your portion of the settlement funds, and this firm will be held harmless by you from payment or claim of such subrogation or lien.

If Client settles his/her claim or cause of action without the consent of an Attorney, Client will pay to Attorney his/her fee computed in accordance with the terms of this agreement and based on the final recovery received by Client in his/her settlement, and Client will reimburse the Attorney for all advances made. Please see independent tax advisor for information on your settlement. We are not a tax law firm and we are not responsible for any client tax liability.

Warranty

Attorney has made no warranties as to the successful termination of this matter and all expressions made by Attorney regarding possible outcomes in this matter are based on Attorney's opinion only.

Power of Attorney

Client grants to Attorney a power of attorney to execute all documents connected with this matter, including pleadings, employment verification and paystubs, contracts, commercial paper, settlement agreements and releases, verifications, dismissal orders, and all other documents that Client could otherwise legally execute, and to endorse and deposit for payment any negotiable instrument and to disburse the proceeds received therefrom.

Appeals and New Trials

This fee agreement does not cover any appeals or new trials. The Client acknowledges that if an appeal is necessary, Client must retain a new attorney or negotiate a new fee agreement with Attorney. The Client understands that Attorney generally handles appeals and new trials on an hourly basis and not on a contingent basis.

Arbitration

If any dispute arises between Client(s) and Attorney, the dispute shall be resolved by binding arbitration in Fulton County in accordance with the rules of the State Bar of Georgia , before a single arbitrator selected in accordance with those rules or the rules of any local Bar Association within Fulton County which is operating under the auspices of the State Bar or, if none, in accordance with the arbitration laws of Georgia . The arbitrator shall have the discretion to order that the cost of arbitration, including arbitrator's fees, or other costs, and reasonable attorney's fees, shall be borne by the losing party.

1100 Peachtree Street, Suite 250, Atlanta, GA 30309
Direct: 404.468.7209 • Fax: 404.393.5270 • slanier@lanierlawoffice.com
• Attorney at Law • Licensed in Georgia •

Termination of Attorney

Attorney shall be entitled to his full fee, even though Client may discharge Attorney or obtain substitute counsel before Attorney has completed the services for which he is employed. This contract for legal services may be terminated at will at any time by either party upon written notification subject to the provisions below. Sufficient notice shall constitute a written letter via U.S. postal mail and/or written termination via electronic mail (e-mail. In the event client terminates this contract, all unpaid costs and expenses shall immediately become due and payable. Unpaid balances will continue to accrue interest until paid in full. Additionally, attorneys shall be entitled to payment for services rendered before the date of termination. If termination occurs with an offer pending, or after settlement or verdict, attorneys shall be entitled to their full percentage of the recovery as provided in the attorneys' fees section above, with the understanding that those fees were earned. In the alternative, or in the event no offer is pending and there has been no settlement or verdict or award, attorneys may elect to charge a reasonable percentage based upon the amount of work performed or may elect to payment based upon the time devoted to the case at an hourly rate of $300.00 per hour for attorneys and $150.00 per hour for case manager and/or support staff, and $175.00 for paralegal staff. In any event, client grants attorneys a lien and security interest against any proceeds for all unpaid costs, expenses and fees. A $500.00 administrative fee is collected in all cases per injured party once case settles. Client understands and agrees that 12 months after completion of the case, attorneys may discard file materials related to this representation. Once that occurs, file materials may not be available from attorneys' office.

Withdraw of Attorney

The Attorney may withdraw from Client's representation in this claim at any time on notice to Client. The Client agrees that written notice, sent via U.S. mail to Client's last known address, and/or provide Client a written withdrawal via electronic mail (e-mail) that shall constitute sufficient notice. The Client shall be liable for all terminating costs.

IN WITNESS WHEREOF, I have executed this agreement at 1100 Peachtree Street, Suite 250, Atlanta, GA 30309 on the day and year first mentioned above.

_____
CLIENT-PRINT

_____
CLIENT-SIGNATURE

_____
DATE

_____
PARENT/GUARDIAN
(Only if client is under the age of 18)

THE LANIER LAW OFFICE, LLC

1100 Peachtree Street, Suite 250, Atlanta, GA 30309
Direct: 404.468.7209 • Fax: 404.393.5270 • slanier@lanierlawoffice.com
• Attorney at Law • Licensed in Georgia •

ACCEPTED BY:

The Lanier Law Office, LLC
/s/ Shavasia Lanier

Shavasia M. Lanier, Esq.
Attorney at Law

1100 Peachtree Street, Suite 250, Atlanta, GA 30309
Direct: 404.468.7209 • Fax: 404.393.5270 • slanier@lanierlawoffice.com
• Attorney at Law • Licensed in Georgia •

THIS PAGE INTENTIONALLY LEFT BLANK

THE LANIER LAW OFFICE, LLC

1100 Peachtree Street, Suite 250, Atlanta, GA 30309
Direct: 404.468.7209 • Fax: 404.393.5270 • slanier@lanierlawoffice.com
• Attorney at Law • Licensed in Georgia •

AUTHORIZATION FOR RELEASE OF INFORMATION

Please take notice that The Lanier Law Office, L.L.C. has been retained by me to prosecute a claim for personal injuries sustained. Your full cooperation with any attorney is requested.

You are hereby authorized and requested to furnish my attorneys or any representative of the firm, with any and all information or opinions that may be requested regarding my present or past physical condition and treatment and to allow them to see or copy any x-rays, records, or other documents or instruments that you may have regarding my past or present condition or treatment.

You are specifically authorized to release all documentation pertaining to any psychological, psychiatric or mental health treatment rendered to me at any time, including all office notes, documents pertaining to evaluation and diagnoses, symptoms and complaints, and all other documentation generated by your facility concerning these matters.

You are further requested not to disclose any information concerning my past or present condition or treatment, or the record thereof, to any insurance adjuster or other persons other than my attorneys without written authority from me to do so.

TO ANY EMPLOYER:

You are authorized and requested to furnish my attorneys, or duly authorized representatives with any and all information which they request regarding my employment, and to permit them to inspect and/or copy my personnel and payroll records.

ALL PRIOR AUTHORIZATIONS OF DISCLOSURE IS HEREBY CANCELLED. I hereby waive any privilege I have to said information to my attorneys and to no one else except their representative.

This_____day of_____, 20____.

SIGNED:_____

Sworn to and subscribed
before me this_____day
of_____, 20____.

OR

_____
NOTARY PUBLIC

NEAREST RELATIVE

_____

_____

THE LANIER LAW OFFICE, LLC

1100 Peachtree Street, Suite 250, Atlanta, GA 30309
Direct: 404.468.7209 • Fax: 404.393.5270 • slanier@lanierlawoffice.com
• Attorney at Law • Licensed in Georgia •

HIPAA AUTHORIZATION FOR THE USE AND DISCLOSURE OF HEALTH INFORMATION

TO:

RE: Name: _____
Date of Birth: _____
Medical Record No. (or S.S. No.): _____

Pursuant to HIPAA Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. Sections 164.512 & 164.508, I hereby authorize you to use or disclose my protected health information, as described below. I further authorize the following individuals or organizations to receive such health information: The Lanier Law Office, LLC the requested use or disclosure is: At the request of the individual for purposes of investigation and litigation; or settlement.

The information to be used or disclosed includes the following specified information:

_____ Medical Record during approximate time period from _____ to present (including information related to my identity, diagnosis, prognosis and/or treatment, which may include substance abuse, mental health, and/or HIV/AIDS information).

___ Discharge Summary
___ ER Records
___ Nursing Notes
___ Operative Reports
___ Pathology Reports
___ Diagnostic Studies
___ Office Notes/Visits
___ Medications(s) Prescription(s)
___ Hospital Chart (Entire)
___ Consultation Reports
___ History and Physical
___ Progress Notes/Orders
___ Lab Reports
___ Radiology Reports
___ Media Files
___ Billing Records
___ Records from other providers
___ Hospital Billing(s)
___ Psychiatric notes (Subject to uncombined authorization)
___ Other (Specify) (Any and all diagnostic films, including x-rays, CT scans or MRIs

I understand that the information in my health record may include information relating to sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), human immunodeficiency virus (HIV), behavioral or mental health services, and/or treatment for alcohol and/or drug abuse. I authorize the release of such information, with the following exceptions:_____

Federal and state laws protect the information disclosed to this Authorization. I understand that if the authorized recipient of the information is not a health care provider or health plan

1100 Peachtree Street, Suite 250, Atlanta, GA 30309
Direct: 404.468.7209 • Fax: 404.393.5270 • slanier@lanierlawoffice.com
• Attorney at Law • Licensed in Georgia •

covered by federal privacy regulations, the information may be re-disclosed and no longer protected. However, the recipient may be prohibited from disclosing any substance abuse information under the federal confidentiality requirements for alcohol and drug abuse patient records and the Public Health service Act. Such information may not be used to criminally investigate or prosecute any alcohol or drug patient. Further, pursuant to O.C.G.A. 24-9-47, state law prohibits a recipient from making any further disclosure of test results relating to HIV or AIDS without the specific written consent of the person to whom such information pertains. A general authorization for the release of medical or other information is not sufficient for such purpose.

This authorization will expire upon the occurrence of the following event of condition.

On this date _____ Or _____ **Other event or condition: (case completion**). If no event is listed, it will expire in 12 months. I understand that I have the right to revoke this authorization at any time, and in order to do so, I must present a written revocation to you. I understand that the revocation will not apply to information that already has been released in response to or in reliance upon this Authorization. I understand that I need not sigh this Authorization in order to ensure health care treatment, payments, enrollment in my health plan, or eligibility benefits. I understand that if this Authorization is sought by a covered entity I will be given a copy of this Authorization form after signing it.

_____ (Initial, if applicable) I acknowledge receipt of my copy of my medical records.

Signature of Patient/Authorized Representative (Include relationship or nature of authority).

_____ _____

CLIENT DATE

_____ _____

PARENT/GUARDIAN DATE
(Only if client is under the age of 18)

THE LANIER LAW OFFICE, LLC

1100 Peachtree Street, Suite 250, Atlanta, GA 30309
Direct: 404.468.7209 • Fax: 404.393.5270 • slanier@lanierlawoffice.com
• Attorney at Law • Licensed in Georgia •

Dear Records Custodian:

I, _____, was a patient of your hospital. My birth date is _____. Pursuant to the HITECH Act, 42 U.S.C.A. § 17935(e)(1), and its implementing regulations, 45 CFR 164.524(c)(4)(i), I request copies of any and all of my medical records in an electronic form only. Such records include, but are not limited to, admission records, history and physical notes, operative notes, discharge summaries, nurse's notes, radiological films, billing records, and outside records. A HIPAA Authorization is enclosed herewith. Please provide the records **in electronic form on CD or via email** in the Adobe Acrobat PDF format, and send them to:

The Lanier Law Office, LLC
1100 Peachtree Street
Suite 250
Atlanta, GA 30309
slanier@lanierlawoffice.com

If there is a charge for providing these records in excess of $25.00, please contact Shavasia M. Lanier at The Lanier Law Office, LLC at (404) 468 – 7209. Please provide an invoice to The Lanier Law Office, LLC at (404) 468 – 7209, via mail or fax at (404) 393 - 5270, for the amount you intend to charge to obtain approval prior to the production of the CD of electronic records.

SIGNED: _____

Printed Name: _____

Date: _____

THE LANIER LAW OFFICE, LLC

1100 Peachtree Street, Suite 250, Atlanta, GA 30309
Direct: 404.468.7209 • Fax: 404.393.5270 • slanier@lanierlawoffice.com
• Attorney at Law • Licensed in Georgia •

Dear Records Custodian:

My son/daughter, _____, was a patient of your hospital. His/her birth date is _____. Pursuant to the HITECH Act, 42 U.S.C.A. § 17935(e)(1), and its implementing regulations, 45 CFR 164.524(c)(4)(i), I request copies of any and all of my son/daughter's medical records in an electronic form only. Such records include, but are not limited to, admission records, history and physical notes, operative notes, discharge summaries, nurse's notes, radiological films, billing records, and outside records. A HIPAA Authorization is enclosed herewith. Please provide the records **in electronic form on CD or via email** in the Adobe Acrobat PDF format, and send them to:

The Lanier Law Office, LLC
1100 Peachtree Street
Suite 250
Atlanta, GA 30309
slanier@lanierlawoffice.com

If there is a charge for providing these records in excess of $25.00, please contact Shavasia M. Lanier at (404) 468 – 7209. Please provide an invoice to The Lanier Law Office, LLC at (404) 468 – 7209, via mail or fax at (404) 393 -5270, for the amount you intend to charge to obtain approval prior to the production of the CD of electronic records.

SIGNED: _____

Printed Name: _____

Date: _____