

## **Medical Malpractice Causing Personal Injury Contact Form**

We at Brooks Law Group are willing to evaluate your potential medical malpractice causing personal injury case and discuss its merits and value with you. There is no charge for our preliminary evaluation and discussion, but we do need certain information from you to perform our evaluation. Once we receive the information requested below, we will contact you to discuss our evaluation. Again, there is no cost to you whatsoever for this case evaluation.

If you are interested in receiving help on your potential medical malpractice claim, please provide us with the information requested below. Please be sure to provide us with as much information as is reasonably available. The quality of our evaluation is dependent upon the accuracy of the information you provide to us.

Your full name:  
(Required)

E-mail Address:  
(Required)

Mailing Address:  
(Required)  
(Required)

Home Number:

Work Number:

Best time to reach you if you prefer a response by telephone:

How would you like for us to respond to you (e.g., telephone, e-mail, regular mail, doesn't matter)?

On what date were you injured?

Where were you hurt (City, State)?

Describe the accident which caused your injury as fully as possible:

Who do you believe was a fault in causing your injury, and what do you believe they did wrong?

Do you have any other information which you believe would help us help you?

What are the names of all doctors or hospitals which you believe were guilty of medical malpractice (please give the city where they are located).

What do you believe that each doctor or hospital did wrong that you believes makes them guilty of medical malpractice and when was the malpractice committed (please be as specific as possible).

If any doctor has told you or written that they believe that a doctor or a hospital was guilty of medical malpractice, please tell us the name and address of the doctor and what he or she said or wrote.

What other information do you have that leads you to believe that medical malpractice is involved?

Describe your injuries. If you know, state whether you have a permanent injury. If you know, what are your total medical bills to date?

Have you lost any earnings? Are you still off work? What kind of work do you do, and how much do you earn per week or per month?

Have you suffered any other losses because of this injury and, if so, please describe your losses:

Were you married when the injury occurred and, if so, has your spouse suffered any loss or damage because of your injury?

Have you contacted any other lawyer about your potential claim and, if so:

Did the lawyer agree to represent you?

Are you still being represented by the lawyer?

Are you now seeking a lawyer to represent you, or are you just looking for a second opinion?

Do you owe any other lawyer a fee in this matter?

If we are willing to represent you, do you wish to employ us?

Have you negotiated with any insurance company or any other person in connection with this claim and, if so:

Are negotiations still ongoing?

What was the lowest settlement amount that you asked for?

What was the highest amount that you have been offered to settle?

Have the medical or funeral bills or lost wages been paid for by:

Workers Compensation?

Medicare, Medicaid, or some other government program?

Employer's health plan?

Private insurance?

Are there any other questions you wish answered?

Is there any other information that you want to provide us?

Would you like to arrange a personal interview?

Are there any other instructions you wish to give us?

If you are finished, agree with the above, and want to send this information by e-mail:

If you want to start over to correct or change information:

**Final Instructions**

INTERNET SECURITY: While we can keep any information received in our office confidential, we cannot guarantee a secure transmission over the internet. As such, should you have any questions as to security or are otherwise concerned about transmission over the internet, please print your information above and mail it to us at:

**Brennan, Holden & Kavouklis, P.A.**

Attorneys Practicing Wrongful Death, Personal Injury Law  
Professional Malpractice & Product Liability

Two Offices To Serve:

Tampa: 115 South Newport Ave. Tampa, FL. 33606

Winter Haven: 117 Avenue B SW Winter Haven, FL. 33880

When we receive the information from you, we will evaluate the information and then either contact you by mail at the address you provided or call you at the phone number you have given us to tell you:

1. Our preliminary evaluation of your case
2. Whether we would be willing to represent you.

The information you have sent us may not be sufficient to fully evaluate your matter. If more information is needed, we will contact you to obtain the necessary additional information before we give you our evaluation of your potential claim.

We will try to contact you by mail, telephone, or e-mail as soon as possible. The necessity of providing service to our clients may cause delay in answering your inquiry. If you haven't heard from us in a reasonable time, please don't hesitate to call.

**FEES:** We charge no fee to provide the limited service described above. If you decide to employ our firm to represent you, we will provide contracts for you to read and sign. If we represent you we are willing to do so on a "Contingent Fee" basis, that is, you will owe us no fee for our services unless we make a recovery for you, and in the event of a recovery, your fee will be a percentage of the amount recovered, as outlined in the written contract we will provide to you.

**LIMITATIONS ON OUR SERVICE:**

1. The advice we are able to provide is limited by the information you provide. Final advice would be based upon a complete evaluation of your case and cannot be accomplished with the limited information provided above. A decision about a claim often can only be made after a personal interview and a review of all records. Possibly further investigation may not be necessary.
2. Your claim may be barred by the Statutes of Limitations. These statutes provide that if an action is not filed within a certain period of time, your claim may be forever barred. The information you provide may be furnished so close to expiration of the statute of limitations that we do not have time to provide any assistance to you before time expires. By seeking our assistance, you agree that we are not liable for failing to file a legal action on your behalf or failing to take any other action on your behalf.
3. You are certainly under no obligation to employ this firm by sending us information. Conversely, we are under no obligation to accept you as a client by our evaluation of your matter. We reserve the right to refuse to become involved in your evaluation of your claim or in providing advice. If we do not contact you within 5 days of your email, or decline to evaluate your case or to represent you, you must not assume we have undertaken any action or representation on your behalf. In that case you need to immediately contact another attorney to protect your rights.

**ADDITIONAL SERVICES:** We are available to provide additional services upon written or telephoned requests unless we advise you of our decision not to represent you. Please feel free to write us at our

Winter Haven Office if more information is needed. It is helpful to send along as much information as you have.

Any initial consultation with Brennan, Holden & Kavouklis, P.A. is free. For more information, contact us at (813) 254-7770, or by e-mail