

# LAW OFFICES OF SCOTT J. BLOCH, PA

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## **DEFENSE BASE ACT INTAKE FORM**

Date: \_\_\_\_\_

### **PERSONAL INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ (home) \_\_\_\_\_ (work or cell) E mail: \_\_\_\_\_

(friend/relative telephone) \_\_\_\_\_ (spouse work or cell) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Dominant Hand: Right \_\_\_\_\_ Left \_\_\_\_\_

Spouse \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ (Name)

Tax Filing Status: \_\_\_\_\_

Dependents/Children:

\_\_\_\_\_  
(Names) (DOB) \_\_\_\_\_

\_\_\_\_\_

Level of Education: \_\_\_\_\_

Military Service: \_\_\_\_\_  
(Dates of Service) (Rank)

\_\_\_\_\_  
(Awards/Medals)

Have you ever been arrested and/or convicted of any crimes?<sup>1</sup> \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Are you a U.S. citizen? \_\_\_\_\_ If no, what is your legal status? \_\_\_\_\_

Medicaid or other health insurance paid medical for injury? \_\_\_\_\_

Friend of the Court Lien? \_\_\_\_\_ If yes, where and how many? \_\_\_\_\_

**EMPLOYMENT HISTORY**

Name of Last/Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Dates of Employment: Beginning date: \_\_\_\_\_ End date of employment: \_\_\_\_\_

Job Performed: \_\_\_\_\_

Hourly Rate: \_\_\_\_\_ No. Hours Per Week: \_\_\_\_\_

Yearly Income: \_\_\_\_\_

Do you have a second job? \_\_\_\_\_

If yes, list name address and telephone of employer, dates of employment, job performed, pay, yearly income, and hours per week: \_\_\_\_\_

\_\_\_\_\_  
<sup>1</sup> This is part of the process of evaluating credibility and areas where the defense may inquire and attempt to undermine credibility before evaluating officials or judges. This is confidential and falls within the protections of the attorney-client privilege. You do not need to mention any speeding or parking offenses.

Please list rate/salary, and your job title for each employer you have had for the last 10 years.  
(\*\*This is relevant to average weekly wage determination and vocational issues relating to how much disability you may be entitled to claim into the future, market disability and loss of wage earning capacity)

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**INJURY INFORMATION**

Date of Injury: \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Where Injury Occurred: \_\_\_\_\_

How did injury occur? \_\_\_\_\_

Any witnesses to the injury? \_\_\_\_\_

Last day worked? \_\_\_\_\_

Are you still working? \_\_\_\_\_ yes \_\_\_\_\_ no

Full time \_\_\_\_\_ Part time \_\_\_\_\_ Regular job \_\_\_\_\_ Light/restricted duty \_\_\_\_\_

Are you at a restricted wage? \_\_\_\_\_ yes \_\_\_\_\_ no

Regular wage \_\_\_\_\_ Reduced wage \_\_\_\_\_

Were comp benefits voluntarily paid after injury? \_\_\_\_\_

Were they stopped? \_\_\_\_\_ If yes, why? \_\_\_\_\_

Weekly rate \$ \_\_\_\_\_

Was there a wage continuation plan? \_\_\_\_\_

Do you have short term or long term disability insurance through your employer or a through a private policy (in addition to the DBA)? \_\_\_\_\_

If so, through what insurance carrier?  
\_\_\_\_\_

Have you filed a claim with this insurance carrier? \_\_\_\_\_ (please provide us a copy if yes.)

List all doctors, hospitals, or other medical professionals seen for this injury:

List restrictions and doctor who authored them: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
List any hospital/treatment facility where surgery or testing (MRI, CT Scan, EMG) was performed and date same was performed: \_\_\_\_\_

\_\_\_\_\_  
List all injuries from this case (back, neck, arms, hearing loss and basis of hearing loss, psychological etc.): \_\_\_\_\_

\_\_\_\_\_  
What makes the pain worse? \_\_\_\_\_ What makes the pain better? \_\_\_\_\_

What medications are you taking currently? \_\_\_\_\_

\_\_\_\_\_  
Have you been injured before? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, list the injuries and dates injured: \_\_\_\_\_

\_\_\_\_\_  
Have you ever received or filed for workers' compensation benefits before? \_\_\_\_\_

Have you ever made a claim for other injuries before? \_\_\_\_\_

If so, state the type of claim/injury and dates claimed: \_\_\_\_\_

Have you ever applied for unemployment or social security disability benefits? \_\_\_\_\_

Have you ever been certified vocationally handicapped? \_\_\_\_\_

**DETAILED JOB DESCRIPTION**

Please provide a detailed job description including what you did, how much weight you lifted regular basis, how much walking/standing/sitting you did, and describe any repetitive movements:

\_\_\_\_\_  
\_\_\_\_\_  
**EMPLOYER INFORMATION**

For whom did you work directly? \_\_\_\_\_ Was that under a contract with the United States, or subcontract (either through Department of Defense, State, or other department)?

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Were you on a base, which one, and where? \_\_\_\_\_  
Did you report injury to your employer at the time it occurred, when and to whom? \_\_\_\_\_  
Do you know if your employer filled out any report of incident/injury forms and sent them to anyone? \_\_\_\_\_ If so, do you have copies (please provide)? \_\_\_\_\_  
Did the employer provide any medical treatment? If so, what medical treatment, what doctors, and where? \_\_\_\_\_

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Is there a record of that medical treatment, and who performed it and where? Do you have copies, and if so please provide? \_\_\_\_\_

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Were you under a written contract? Do you have a copy? Please provide. \_\_\_\_\_  
Are you currently receiving any benefits from employer/insurance company(how much)? \_\_\_\_\_

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Are there any preexisting medical conditions related to your injuries or work related disability? \_\_\_\_\_

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Do you have any psychological injuries, sleep disorder, mood problems, resulting from what occurred on the job, and are you seeing anybody for that? Have you had an preexisting mental or psychological diagnoses before this injury or disabling condition? Explain. \_\_\_\_\_

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Did you experience any war time issues such as roadside bombs, artillery or mortar fire, small arms attacks, car bombs? How Many? Explain? \_\_\_\_\_

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As a result of any of the war time experiences you may have listed above, do you have any issues with memory, concentration, irritability, inability to focus on tasks? Describe. \_\_\_\_\_

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### **SOCIAL NETWORKING**

Do you have a Facebook or other type of social networking site, blog or personal website? \_\_\_\_\_ If so, what is it? \_\_\_\_\_ Have you updated it with any information or pictures since your injury? \_\_\_\_\_ if so, you may be monitored by the insurance company and employer due to your case. You should not post any further information about your activities, injuries, or photos of yourself while your claim is pending, and your attorney may need to see your social networking site content.

Please indicate your willingness if represented to curtail your social media activity or use of email to general web sites that are traceable to you? \_\_\_\_\_ I agree if represented by Law Offices of Scott J Bloch, PA to curtail such activity. \_\_\_\_\_ I cannot agree.

**REFERRAL INFORMATION**

How did you hear of our firm? Referral from friend/relative/co-worker: \_\_\_\_\_

Referral from another attorney? (if so, list attorney's name) \_\_\_\_\_

Other referral source: \_\_\_\_\_

Have you been to our website? Did you use a search engine to find us on the web? \_\_\_\_\_

If so, which one? \_\_\_\_\_