

*Lanease D. Fuller*

Attorney and Counselor at Law

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**PERSONAL INJURY/SLIP- AND- FALL  
INITIAL CLIENT SHEET**

REFERRED BY: \_\_\_\_\_

DATE OF CONSULTATION: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

MARITAL STATUS: (Please circle): S M D W SPOUSE (If applicable): \_\_\_\_\_

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ T.D.I./I.D.# (provide copy) \_\_\_\_\_ SSN \_\_\_\_\_

ADDRESS:

Number Street Apt. # City State Zip Code

TELEPHONE: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ OTHER: \_\_\_\_\_  
Area Code Area Code Area Code

E-MAIL: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ DAYS MISSED: \_\_\_\_\_

**ACCIDENT OR OCCURRENCE INFORMATION**

DATE & TIME OF ACCIDENT OR OCCURRENCE: \_\_\_\_\_

LOCATION OF ACCIDENT OR OCCURRENCE: \_\_\_\_\_

DESCRIPTION OF INCIDENT (If diagram necessary, please use back of this sheet :) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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NAME, ADDRESS & PHONE NUMBER OF PASSENGER(S):

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**MEDICAL INFORMATION**

DID YOU GO TO THE EMERGENCY ROOM? YES/NO IF YES, Who took you? \_\_\_\_\_

NAME, ADDRESS & PHONE NUMBER OF MEDICAL FACILITY: \_\_\_\_\_

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DO YOU HAVE MEDICAID, MEDICARE OR ANY HEALTH INSURANCE? YES/NO

IF YES, please indicate which one (**provide copy of card**): \_\_\_\_\_

DID YOU USE YOUR HEALTH BENEFITS? YES/NO

DESCRIPTION OF INJURIES: \_\_\_\_\_

PREVIOUS ACCIDENTS OR INJURIES (i.e. Worker's Comp., Slip & Fall, etc.)? YES/NO

If YES, please list dates and description of your injuries and whether a claim was filed and/or settled:

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**INSURANCE INFORMATION**

NAME AND PHONE NUMBER OF \_\_\_\_\_

OTHER PARTY'S INSURANCE: \_\_\_\_\_

POLICY AND/OR CLAIM NUMBER \_\_\_\_\_

DO YOU HAVE ANY JUDGMENTS FILED AGAINST YOU? YES/NO

IF YES PLEASE LIST, PLEASE BE SPECIFIC (*Such as child support, hospital liens, etc.*):

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

**CONTRACT**

Dear: \_\_\_\_\_,

This sets forth the terms of our relationship as Lawyer and Client. If you have any questions, please notify me immediately. **When you sign this letter, it becomes a contract between us, which is legally enforceable by either of us.**

We Agree that \_\_\_\_\_ is (are) to be represented by ***The Law Office of Lanease D. Fuller*** regarding a personal injury claim arising from:

\_\_\_\_\_  
\_\_\_\_\_

We, ***The Law Office of Lanease D. Fuller***, may at the sole discretion and expense of the Attorney, associate any other attorneys in the representation of the aforesaid claim without prior notice.

You further agree that the Attorney is authorized to enter into any and all settlement negotiations on your behalf as Attorney deems appropriate. This includes, but is not limited to the Attorney's prerogative to pursue cash or structured payment settlement negotiations, the exclusive right to exercise our professional discretion and to utilize the tactics we deem advisable in your behalf, including but not limited to the manner and timing of investigating the claim, as well as when and where to file suit.

It is understood and agreed that the Attorney cannot warrant or guarantee the outcome of the case and the Attorney has not represented to you that you will recover all or any of the funds so desired. You further agree, you have been informed that obtaining a judgment does not guarantee that the opposing party will be able to satisfy the judgment. If at the conclusion of this matter nothing is recovered on your behalf, you will not be liable for reimbursement of the money advanced by us, but you will be liable for all court costs, if any, taxed against you by the judge. On the other hand, if any recovery-whether by settlement, judgment, or otherwise-you hereby assign to us the following sums from the recovery for legal services:

**33.3% of the gross amounts via settlement.**

**40% of the gross amounts, via lawsuit.**

**A retainer and/or fee of \_\_\_\_\_ Dollars (\$00).**

In the event an amicable settlement agreement is reached; you also hereby grant unto ***The Law Office of Lanease D. Fuller*** a power of attorney as follows; to handle negotiations and settlement discussions regarding the obtaining of possession, of any and all monies or other things of value subject of the matter due you under this claim as fully as you could do so in person.

## POWER OF ATTORNEY

This expressly includes the right to sign your name on and to any insurance company drafts, money orders, cashier's checks, checks or other negotiable instruments made payable to the Attorney and you, the Attorney, or to you without the joinder of the attorney or submitted to the Attorney on your behalf in full or partial settlement of this case.

This limited power of attorney further authorizes the Attorney to place these monies, referred to above, in the Attorney's trust account and from that trust account, make distributions and payments; to the Attorney for the agreed to fees at time of this agreement, reimbursement to Attorney for any and all expenses incurred by the Attorney in handling this case, payments to you as interests in the monies recovered, and payments to parties other than you and Attorney for their services performed, fees charged or bills rendered in connection with representing you, including but not limited to medical bills, court reporter fees, deposition fees, investigative services, costs of exhibits or other special expenses incurred by Attorney on your behalf.

All reasonable expenses incurred by the Attorney in the handling of this project shall be deducted from the gross settlement proceeds at the time the case is settled or resolved, including but not limited to: any advancements, loans or other monies given to you prior to the settlement or resolution of this case, any and all out of pocket expenses incurred in connection with this case, including but not limited to the following expenses: filing fees, court costs, certified copies of documents, pleadings, orders etc., transcripts, duplication costs, postage, office supplies, photographs, trial exhibits, long distance phone & fax calls, appraisal fees, consultants, expert witnesses and other fees associated with preparation and trial testimony, investigation fees, delivery charges, overnight mail/parcel services, parking, toll road & mileage expenses, out of town expenses including travel expense, air fare, hotels, meals, and any other expense incurred in connection with the matter.

No settlement of any nature shall be made for any of the aforesaid claims or profits without your complete approval, nor shall you obtain any settlement, or unreasonably withhold your consent to a settlement agreement, on the aforesaid claims or profits without the complete approval of the Attorney.

The Attorney is hereby granted a limited power of attorney so that he or she may have full authority to prepare, sign and file all legal instruments, pleadings, drafts, authorizations and papers as shall be reasonably necessary to conclude this representation including settlement and/or reduce to possession any and all monies or other things of value due you under this claim as fully as you could do so in person.

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Date**

**COOPERATION OF CLIENT**

You agree you shall keep the Attorney advised of your whereabouts at all times, and provide the Attorney with any changes of address, phone number or business affiliation during the time period which Attorney's services are required, and shall comply with all reasonable requests of the Attorney in connection with the preparation and presentation of the aforesaid representation.

The Attorney may, at his/her option, withdraw from the case and cease to represent you for any reason, including without limitation your failure to timely pay fees (if any,) and expenses or deposits for same in accordance with this Agreement, subject to the professional responsibility requirements to which attorneys are subject.

It is further understood and agreed that upon such termination of any services of the Attorney, any deposits remaining in the Attorney's Trust Account shall be applied to any balance remaining owing to Attorney for fees and/or expenses and any surplus then remaining shall be refunded to you.

Any and all disputes, controversies, claims or demands arising out of or relating to this Agreement or any provision hereof, the providing of services by Attorneys to Client, or in any way relating to the relationship between Attorneys and Client, whether in contract, tort or otherwise at law or in equity, for damages or any other relief, shall be resolved by binding arbitration pursuant to the Texas General Arbitration Statute. Any such arbitration proceeding shall be conducted in Harris County, Texas. This arbitration provision shall be enforceable in either federal or state court in Harris County, Texas pursuant to the substantive state laws established by the Texas General Arbitration Statute. Any party to any award rendered in such arbitration proceeding may seek a judgment upon the award and that judgment may be entered by any federal or state court in Harris County, Texas having jurisdiction.

Sincerely,

\_\_\_\_\_  
Law Office of Lanease D. Fuller

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Address

**Notice to Clients**

The State Bar of Texas investigates and prosecutes professional misconduct committed by Texas attorneys.

Although not every complaint against or dispute with a lawyer involves professional misconduct, the State Bar Office of General Counsel will provide you with information about how to file a complaint.

For information, Please call 1-800-932-1900

This is a toll-free call.

**HIPAA AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION**

TO: Physician, Provider or Facility Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**PATIENT:**

Patient Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date(s) of Service: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PERSON/ENTITY TO WHOM RECORDS SHALL BE RELEASED:**

Name of Attorney: Lanease D. Fuller  
Firm: Law Office of Lanease D. Fuller  
Street Address: 4615 SW Freeway Suite 820  
City, State, Zip: Houston, Texas 77027  
Phone Number: (713) 439-7400  
Fax Number: (713) 439-7471

I, \_\_\_\_\_ hereby authorize the release of information to Law Office of Lanease D. Fuller from the medical records pertaining to me. This release applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

The information will be used or given out for the purposes of handling the firms' duties in the investigation and possible litigation of claims in which I am involved. This authorization is initiated at my request and the health information will be disclosed at my request. Information used or disclosed pursuant to this authorization may be subject to re-disclosure or shared by the persons or organizations receiving the information and no longer protected.

Law Office of Lanease D. Fuller is permitted to receive the information and are hereby appointed as my attorney[s]-in-fact/representative[s] for the limited purpose of obtaining and using any and all information the releasing persons or organization may have concerning treatment or services rendered to the undersigned for any reason, whether inpatient or outpatient, including but not limited to:

- Detailed itemized billing statement
- Face sheet;
- Intake, history, and physical;
- Emergency room notes (handwritten and/or typed);
- EKG, Holter monitor, Echo, and PFT;
- Lab/pathology results and reports;
- Results of summary testing;
- Operative report;
- Radiology records, X-rays, MRIs and related notes and reports;
- Consultation notes and reports;
- Charts, progress notes, case notes, nurse's notes, and dictation;
- Opinions, diagnoses, prognoses, and treatment plans;
- Orders;
- Dental records, notes, reports, summaries, and treatment plans; Medication summary, pharmaceutical records

including but not limited to date of prescription, prescribing physician, name of drug, dosage and amount dispensed; AND any other medical information regarding any treatment, including documents to and from other health care providers, attorneys, insurance companies, etc.

I understand that my records are confidential and cannot be disclosed without my written authorization, except when otherwise permitted by law. I understand that the specified information to be released may include: history, diagnosis, and/or treatment of drug or alcohol abuse, mental illness, or communicable disease, including Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS).

I understand that treatment or payment cannot be conditioned on my signing this authorization, except in certain circumstances such as for participation in research programs, or authorization of the release of testing for pre-employment purposes. I understand that I may revoke this authorization in writing and present my written revocation to, "The Law Office of Lanease D. Fuller." At any time except to the extent that action has been taken in reliance upon this authorization. I understand that I may be charged retrieval/processing fee and for copies of my medical records according to Texas Hospital Licensing Law.

Unless revoked sooner, this authorization expires one (1) year from the date of my signature below.

A photocopy or facsimile transmission of this authorization has the same force and effect as an original.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date Signed

This instrument was acknowledged before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public In and For  
The State of Texas

My Commission expires:  
  
\_\_\_\_\_