

Personal Injury Case Management Checklist Template

Initial Client Intake

Tasks related to the first interaction with the client and gathering initial information.

| Client Name | | |
|-------------------------|-----------|--|
| Write something | | |
| | | |
| | | |
| Contact Information (D | one Email | |
| Contact Information (Pr | | |
| Write something | | |
| | | |
| | | |
| Address | | |
| Write something | | |
| | | |
| | | |
| | | |
| | | |
| Date of Incident | | |

| Write somet | ing | | | | |
|-------------------|----------------|------|--|--|--|
| Type of Inju | ry | | | | |
| Whiplash | | | | | |
| Broken Bo | ne | | | | |
| Soft Tissue | Injury | | | | |
| Head Trau | na | | | | |
| Other | | | | | |
| | rt (if applica | ble) | | | |
| △ Upload I | ile | | | | |

Steps for investigating the incident and collecting relevant evidence.

| Date of Incident | | |
|------------------|--|--|
| Enter date | | |

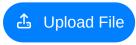
© Set My Current Location ONew Haven OBridgeport ONew Rochelle Long Island ONew York Map data €2025 Google

Police Report (if applicable) Lupload File



| Potential Evidence Types |
|--------------------------|
| Photos |
| Videos |
| Documents |
| CCTV Footage |
| |

Photos of Scene/Damage



| Enter a number | |
|---------------------------------------------------------------------------|---|
| | |
| ledical Records & Treatment | |
| anagement of medical records, treatment plans, and related documentation. | |
| | |
| First Treatment Date | |
| Enter date | |
| | |
| Initial Diagnosis & Treatment Plan Summary | |
| Write something | |
| | |
| | |
| Emarganay Daam Daaarda | |
| Emergency Room Records | |
| ♣ Upload File | |
| | |
| Number of Physical Therapy Sessions | |
| Enter a number | |
| | |
| Last Treatment Date | |
| Enter date | |
| Litter date |) |

| Treatment Provider Type |
|------------------------------------------------------------------------------------------------|
| Physician |
| Physical Therapist |
| ☐ Chiropractor |
| Summary of Medical Opinion (If Available) |
| Write something |
| Lost Wages & Expenses Documentation and calculation of lost wages and other related expenses. |
| Hourly Wage |
| Enter a number |
| Hours Missed per Day |
| Enter a number |
| Days Missed |
| Enter a number |
| Date of First Missed Work |
| Enter date |

| Enter date | | |
|-----------------------------|----------------------------------|-------|
| Гotal Lost Wages (Calc | ulated) | |
| Enter a number | | |
| Description of Expense | s (e.g., Medication, Transportat | ion) |
| Write something | | |
| | | |
| | | |
| Total Expenses | | |
| Enter a number | | |
| | | |
| Supporting Documenta | tion (Pay Stubs, Expense Recei | ipts) |
| ♣ Upload File | | |
| | | |
| | | |
| ability Assess | ment | |
| aluating liability and pote | ntial defenses | |

Write something...

| Primary Party Responsible? Individual Company Government Entity Unclear | |
|--------------------------------------------------------------------------|--|
| Estimated Liability Range (USD) | |
| Enter a number | |
| Potential Defenses Identified | |
| Write something | |
| Contributory Negligence Factors? | |
| Client Action | |
| ☐ Witness Testimony | |
| Environmental Conditions | |
| Lack of Warning | |
| None | |
| Date of Liability Determination | |
| Enter date | |

Demand & Negotiation

Preparing and sending demand letters, and negotiating with opposing counsel.

| Enter a number | |
|-----------------------------------------|--|
| | |
| Demand Letter Narrative | |
| Write something | |
| | |
| | |
| Demand Delivery Method | |
| Certified Mail | |
| Email | |
| Personal Delivery | |
| Demand Letter Sent Date | |
| Enter date | |
| | |
| Opposing Counsel Response Received | |
| | |
| Write something | |
| Write something Response Received Date | |

| Counteroffer Amount (If Applicable) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Enter a number |
| Negotiation Status |
| Ongoing |
| Settled |
| Rejected |
| Litigation Preparation (If Applicable) teps for preparing for litigation, including discovery, depositions, and pre-trial motions |
| Discovery Deadline |
| Enter date |
| Deposition Scheduling Deadline |
| Enter date |
| Expert Witness Selection Status |
| ☐ Not Selected |
| Under Review |
| Selected |
| Retained |
| Deposition Transcripts |
| □ Upload File □ U |

| Notes from Deposition Preparation | |
|---------------------------------------------------------------------------------|--|
| Write something | |
| Number of Depositions Scheduled | |
| Enter a number | |
| Trial Date (if known) | |
| Enter date | |
| settlement & Release nalizing settlement agreements and releases. | |
| | |
| nalizing settlement agreements and releases. | |
| nalizing settlement agreements and releases. Settlement Amount | |
| Settlement Amount Enter a number | |
| Settlement Amount Enter a number Summary of Settlement Terms | |
| Settlement Amount Enter a number Summary of Settlement Terms | |
| Settlement Amount Enter a number Summary of Settlement Terms Write something | |

| Release Execution Dat | e | |
|-----------------------------------------------------|----------------------------------------------------------|-----------|
| Enter date | | |
| Client Signature | | \supset |
| Opposing Party/Repres | sentative Signature | \supset |
| Case Number for Refer | rence | |
| Write something | | |
| ase Closure | | |
| sks related to closing the | e case file and ensuring all final paperwork is complete | d. |
| | case file and ensuring all final paperwork is complete | d. |
| Sks related to closing the | | d. |
| Case Closure Date Enter date | | d. |
| Case Closure Date Enter date Summary of Case Outo | | d. |

| Final Settler | nent Amount (if applicable) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| Enter a numb | per |
| Distribution | of Funds (if applicable) |
| Attorney Fe | ees |
| Medical Bil | ls |
| Other Expe | enses |
| Case File Lo | ocation (Physical) |
| | |
| Write someth | ning |
| Write someth | ning |
| | nication & Updates |
| ommun | |
| commun | nication & Updates |
| commun | nication & Updates etent and timely communication with the client throughout the case. |
| Communistry consists and consists are consisted to the consist and consists are consisted to the consistency of the consistency | tent and timely communication with the client throughout the case. Communication Date |
| Sommun Isuring consist | nication & Updates Stent and timely communication with the client throughout the case. Communication Date tion Method |
| Communica | nication & Updates Stent and timely communication with the client throughout the case. Communication Date tion Method |
| Communica Phone Call | nication & Updates Stent and timely communication with the client throughout the case. Communication Date tion Method |

| Write something | |
|-----------------------------------|--|
| Client Understanding of Updates? | |
| Yes, Fully Understood | |
| Mostly Understood | |
| Partially Understood | |
| Not Understood | |
| Next Scheduled Communication Date | |
| Enter date | |