

**LAW OFFICE OF MICHAEL G. NUTTER**  
**2021 E. FOURTH STREET, STE 200**  
**SANTA ANA, CA 92705**  
**714 667-1101 Tel 714 667-1511 Fax**

Complete our **Insurance Intake form** to the best of your ability & bring to your appointment, fax, email or mail to us. If you need more space to answer any question(s), please write on an additional sheet of paper or write on reverse side of this form by noting the question & then answering). Completing & submitting this form does not establish an attorney client relationship. The attorney client relationship is only established when you and Mr. Nutter have entered into a written Retainer Agreement.

Today's Date: \_\_\_\_\_

Requested Information	Insured Party
Name & former names (time frame used)	
Date of Birth	
Social Security Number	
Address	
County	
Telephone numbers--home-cell-work-fax	
Best time & method to reach you	
Email address:	
Which insurance company issued your policy?	
What type of insurance involved?	
Who is the policyholder?	

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<b>Requested Information</b>	<b>Insured Party</b>
Agent who issued policy?	
Does this policy involve a business you own or operate? If yes, name of business & address	
Do you have documents to support your claim?	

**List all doctors & other providers who have diagnosed, treated or consulted you regarding your claim**

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**Describe how this situation has changed your life (can't perform athletic activities or other daily activities/routines, missed events, can't care for children, can't be intimate with mate)**

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**List the names, addresses and telephone numbers of potential witnesses**

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**Do you have any specific concerns?**

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**Description of the Other Party:** age \_\_\_\_\_ height \_\_\_\_\_ weight \_\_\_\_\_ eye color \_\_\_\_\_  
(necessary for service of process)

hair color \_\_\_\_\_ race \_\_\_\_\_ DOB: \_\_\_\_\_