

# CLIENT DIARY

1. **PURPOSE.** At some time during the course of negotiations or trial, it will be necessary for us to show the nature and extent of the damage and injuries which you have suffered. In order that we may do this job better, we would like you to start making notes showing how your injuries have affected your life. Please continue doing this on a daily basis until you no longer have symptoms. Please mail these weekly records to our office.
2. **EFFECT ON YOUR LIFE.** Explain in detail how this occurrence has changed your life. For example, the way you put on your clothes, the way you get in and out of bed, the way you take a bath, etc. Show changes in your working life, your leisure time, your hobbies, and your life as a husband or a wife. We need to know how it has affected the marital relations between you and your spouse. (The law calls this loss of consortium.)
3. **PAIN AND SUFFERING.** We want a description of your pain both at the scene of the occurrence and at all times thereafter. We want to know what type of pain, i.e., shooting pain, throbbing pain or dull pain. We are interested in your pain during the hospital treatment and your pain and discomfort since the injury - how it has affected your life.
4. **HOW TO DESCRIBE.** A good rule to follow in order to remember all of your problems is to start at your head, and in detail, go down through all parts of your body moving from your head, neck, shoulders, etc., and explain in detail any problems that you have with each part of the body. Also give detail with regard to your medication in the hospital for pain or afterwards for nervousness, etc.
5. **DESCRIBE DIFFICULTIES IN DOING THINGS.** In regard to your activities such as your housework, your yard work, your work at the office or factory, you should detail what things you are able to do and what things you are not able to do as well as before. If your injury seriously hampers your activities, then you should also show how many things you are not able to do now.
6. **WITNESSES.** We would like for you to contact your relatives, neighbors, friends and friends at work, and on a separate sheet of paper for each witness, give us his or her name, address, and telephone number. Have them describe what they know about how your injury has changed your life. For example, your neighbor could relate how you are not able to work as much around the house, or perform some other kind of activity. Give as many details and descriptions of specific instances as possible. It is impossible to be too detailed.
7. **LOSS OF WAGES OR LOSS OF POTENTIAL INCOME.** One of the major things in your case may be the loss of income or potential income. We will need wage rates, copies of your W-2 forms, and your income tax returns for at least the last three years. Please obtain from your employer the exact days you missed from work because of this accident and the amount of money you would have made if you had been working these days. If this injury has prevented you from being advanced in your employment or has prevented you from obtaining employment, please give us the names, addresses and

telephone numbers of witnesses who may prove this for you. We would like to know in detail what services you have been prevented from performing, either household services, such as supervision of children, or any other services performed by a husband or wife.

8. Notify us at once of any changes of employment, raises or reductions in salary or loss of job.
9. If you were not working at the time you employed us, notify us when you returned to work.
10. Notify us at once of any change of address or phone number.
11. If you are going out of town for more than seven days, please advise us how to reach you.
12. Notify us immediately if you hear of anything that may affect your case, and contact us immediately in the event of any new developments.
13. If you are required to miss any work due to your injuries, notify us at once.
14. If you are required to return to the hospital, notify us.
15. If you are self-employed, keep a record of all times you are unable to work or perform your duties.
16. Applications for health or other insurance benefits, reports to the state, and disability or unemployment applications should first be checked by this office.
17. Provide us with the names of any neighbor, friends, fellow employees, or relatives who knew of your activities both before and after the accident.
18. Keep a diary of all your complaints. This will help us a great deal in the preparation of your case and will help you remember many months later if it is necessary to go to trial.
19. If you think of information that should be added to this list, please get in touch with us. We will need this information to do a better job for you. The legal assistant assigned to your case will make every effort to be available to assist you in any way. You may contact the legal assistant or your attorney by calling the above telephone number during business hours.