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NEW VACCINE CLIENT INQUIRY SHEET

General Contact Information:

First Name:	Middle Initial:	Last Name:
Street Address:		
City:	State:	Zip Code:
Phone No:	Cell Phone No:	Work No:

Name of Injured Party:
Date of Birth of Injured Party:
What method would you prefer we use to contact you? Telephone _____ E-Mail _____ Email Address: _____
What time of day would you like us to call? Mornings, Afternoons, Evenings

Vaccine Injury Information:

Type of Vaccine:	On what date was the vaccine taken?	In what city and state did the vaccine reaction occur?
On what date was the first sign or symptom of the vaccine reaction?		

Please explain in detail the reaction to the vaccine. (Use as many sheets as necessary to explain.)

Please explain in detail the injured party's current medical status. (Use as many sheets as necessary to explain.)

Please explain in detail how the injured party was prior to the vaccine (i.e. healthy, meeting all milestones, happy, cuddly, etc.)

Are there any other questions you wish answered?

"Please be advised that filling out this inquiry sheet does not constitute the Firm's agreement to represent you or your agreement to retain us. It is merely information gathering to determine if this is the type of case that qualifies for this Firm's representation. Nor, does it constitute legal advise. We will try to get back to you within a week of your e-mailing back to us "all" information requested. Incomplete responses or failure to respond to any of the questions will delay our ability to or prevent us from making a determination about the case. In many cases, delay beyond the three (3) years from the first onset of symptoms will prevent you from recovering damages from the National Vaccine Act Program."