

PLEASE NOTE:

SUBMITTING THIS FORM DOES ***NOT*** CREATE IN ANY WAY AN ATTORNEY-CLIENT RELATIONSHIP. AN ATTORNEY OR EMPLOYEE OF THE BERNIARD LAW FIRM WILL CONTACT YOU TO DISCUSS THE SITUATION AND WHAT YOUR LEGAL RIGHTS ARE AS SOON AS POSSIBLE.

Name: _____

Have you contacted or discussed this matter with other legal counsel? Yes or No

Contact Information:

Please list your name and address as it would appear on a letter sent to to your home

Name _____

Address _____

Date of Birth _____ Social Security #Number _____

Home Phone: _____

Work/Cell Phone: _____

E-Mail Address: _____

Information regarding your exposure to the chemical leak

When did you first believe you were exposed to the chemical leak?

Date and Time: _____

Location of exposure- including address _____

How long did you remain at that location: _____

Was there anyone else in your household that was also exposed to the leak? If so please provide their names below.

Chemical Leak Inquiry Form
Berniard Law Firm

Health Issues:

What symptoms did you experience as a result of the exposure? Check all that apply.

Burning eyes _____ Headaches _____

Stomach aches _____ Vomiting _____

Trouble breathing or other respiratory issues _____

Dizziness _____ Nose bleeds _____

Throat irritations or pain _____

Other

Are you still bothered by any of the above noted symptoms? __ Yes __ No

Did you visit any medical professional as a result of your medical complaints?

_____ Yes _____ No

If yes, please provide the name and phone number if possible of any medical professional you visited as well as the dates visited below.

If you marked Yes, please explain any diagnoses or advice given by your medical professional.
