# ***Client's Details***

For clients of the Law Firm
Dr. Jung & O'Hara-Jung

Please fill out only, if you don't need the "Client Questionnaire" for vehicle accidents.
This will help us to work on your case quickly by filling out this form.

Client
Surname, First Name:_____

Address:_____

Date of Birth:_____

Phone :_____(Private) _____( Business)
_____( Mobile)

Fax:_____

e-Mail:_____

Bank details:_____

Legal Insurance:_____
Policy-Number:_____

Liability Insurance:_____
Policy-Number:_____

Opponent:
Surname, First Name:_____

Address:_____
Phone:_____
Fax:_____

If known, opponent's insurance (branch, name, policy):
_____