

CLIENT INFORMATION QUESTIONNAIRE

Personal and family history

Your Full Name: _____

Present Home Address: _____

Your Home Phone No.: (_____) _____

Your Cell Phone No.: (_____) _____

Your Fax No.: (_____) _____

Present Employer: _____

Present Work Address: _____

Your Work Phone No.: (_____) _____

Your Work Fax No.: (_____) _____

Have you ever used, or been known by, any name other than that shown above? Yes / No (circle one)
If so, list the other names, and the state when and why the other names were used.

Please list any and all addresses where you have resided during the past ten years, and the period of time at each residence, including dates:

Your Social Security No.: _____

Your Date of Birth: _____

Place of Birth: _____

- a. Have you ever used any other birth date or birthplace? Yes / No (circle one)
- b. If yes, please give details: _____

Are you married? Yes / No (circle one)

If yes: Name of Spouse: _____
 Date/City of marriage: _____
 Are you living together now? _____

Have you been previously married? Yes / No (circle one)

If yes: Name & Address of Ex-Spouse: _____

 Date/City of marriage: _____
 Date/City of divorce/annulment: _____

Name & Address of Ex-Spouse: _____

 Date/City of marriage: _____
 Date/City of divorce/annulment: _____

List the names, addresses, and ages of all those (including children) who are dependant on you for support, and your relationship to each.

<u>NAME</u>	<u>ADDRESS</u>	<u>AGE</u>	<u>RELATIONSHIP</u>

THE ACCIDENT

Date: _____ Time: _____
 City: _____ County: _____
 Weather: _____

Describe the location of accident (as to intersections or fixed objects): _____

Police Department investigating the accident: _____

In your own words, give a comprehensive account of the facts leading up to, during and following the accident or incident you are complaining about: _____

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How did you leave the scene of the accident? _____

Were photographs or videotapes taken at the scene of the accident? Yes / No (circle one)

If so, please state the name and address of the person who took them and the person who has possession of them: _____

Was the news media present at the scene? Yes / No (circle one)

If so, which station or newspaper: _____

Were you questioned by the police? Yes / No (circle one)

Did you give or sign a statement? Yes / No (circle one)

If _____ so, _____ for _____ whom? _____ When?

Do you have a copy of the statement(s)? Yes / No (circle one)

Have you been questioned by an insurance adjuster or investigator? Yes / No (circle one)

If so, when? _____ Where? _____

Name of person who questioned you? _____

Was anyone else present? _____

Did you sign any papers? _____

Were you given a copy? _____

Please list below everything you believe the Defendant did that caused or contributed to the cause of the accident. _____

Diagram of accident

Please draw a detailed diagram of accident scene and vehicles.

Witnesses

Please provide us with a list of all witnesses and their addresses, and any other people who may be of assistance in testifying about your case.

NAME ADDRESS _____ RELATIONSHIP

Vehicles involved in the accident

Please provide the following information relating to your vehicle:

Make and model: _____

License tag number: _____

Names or all persons who have an ownership interest: _____

If the vehicle is financed, name of finance company: _____

Location of vehicle at the present time: _____

Has anyone taken photographs of the vehicle? Yes / No (circle one)

If yes, please state the name and address of the person who took them and who has possession of the photographs: _____

Injuries and damages from this accident

State all injuries known or believed by you to have been received as a result of this accident.

Disability - length of time confined to bed: _____

And thereafter, to house: _____

State your present physical condition - - scars, disabilities, deformities, discomforts, etc., resulting from the injuries received in this accident.

Activities eliminated or hampered as a result of this injury. List here all the usual activities that you have not been able to perform since the accident, such as cutting grass, dancing, etc.

Has anyone taken photographs or videotapes of your injuries? Yes / No (circle one)

If yes, please state the name and address of the person who took them and the person who has possession of them. _____

Medical treatment and hospitalization AS A RESULT OF THIS ACCIDENT

(a) Hospitalizations

Name and address of hospital: _____

Date admitted: _____ Date Discharged: _____

Why _____ admitted:

Nature of treatment: _____

(b) All healthcare providers who have seen or treated you AS A RESULT OF THIS ACCIDENT

Name:

Address:

Phone

No. _____

Nature of treatment: _____

Date care began: _____ Still under care? _____

Name:

Address:

Phone

No. _____

Nature of treatment: _____

Date care began: _____ Still under care? _____

Name:

Address:

Phone

No. _____

Nature of treatment: _____

Date care began: _____ Still under care? _____

Name:

Address:

Phone

No. _____

Nature of treatment: _____

Date care began: _____ Still under care? _____

Name:

Address:

Phone

No. _____

Nature of treatment: _____

Date care began: _____ Still under care? _____

(c) All nurses or therapists who have treated you as a result of this accident or incident:

Name:

Phone

No. _____

Address:

Nature of treatment: _____

Date care began: _____ Still under care? _____

Name:

Phone

No. _____

Address:

Nature of treatment: _____

Date care began: _____ Still under care? _____

“Out of pocket” expenses or obligations you now claim

(a) Hospitals Amount

(b) Doctors Amount

(c) Nurses Amount

(d) Medical appliances Amount

(e) Drugs and medicines Amount

(f) Ambulance Amount

(g) Domestic/household help Amount

(h) Transportation expenses Amount

(i) Property damage Amount

(j) Miscellaneous expenses Amount

NOTE: *Please keep all bills and receipts and turn them over to your attorney.*

INSURANCE AND WORKER'S COMPENSATION

Your automobile insurance

Name and address of automobile insurance company: _____

Policy number: _____

Claim number: _____

Adjuster's name: _____

Vehicles listed on policy: _____

Personal injury protection coverage: _____

Liability coverage? _____ Amount: _____

Uninsured motorist coverage? _____ Amount: _____

Medical payments covered? _____

Amount? _____

Collision insurance? _____ Deductible amount? _____

Health Insurance

Name and address of health insurance company: _____

Policy number: _____

Worker's Compensation

_____ Where you injured on the job in this accident? _____

Are you receiving payments at present? _____

If so, explain: _____

Name and address of the attorneys who are handling the worker's compensation at present:

Social Security or Medicare

Have you received Social Security benefits or Medicare benefits as a result of this accident?

Educational background

What education have you had, including any special employment training? _____

Work background

Were you employed at the time of the accident? _____

a. If so, state name and address of employer:

b. What was your job title, or the type of work you were doing?

c. What was your rate of pay?

d. How many hours per week were you working regularly immediately before the accident? _____

e. When were you first employed by the company for which you were working at the time of the accident?

f. Have you remained in the same job since that date?

g. If not, state the reason for the termination of employment?

h. Have you missed any time from work as a result of your injury? If so, list the dates you were unable to work because of your injury:

i. Have you, before this accident, lost time from work due to an injury?
_____ If so, give details: _____

j. Did you lose wages for the periods of time missed from work because of this accident? _____

k. Have you received any increases or decreases in your pay since the accident?

If so, explain: _____

l. If you have changed jobs since the accident, give a summary of your present job, showing name and address or employer, rate of pay, house, type of work, etc.

Employment record

List your employment records as far back as you can remember. Your past employment record is important in determining your disability from an occupational viewpoint.

Name:

Address: _____

Employed from: _____ to: _____

Job:

Reason for leaving: _____

Name:

Address: _____

Employed from: _____ to: _____

Job:

Reason for leaving: _____

Military background

Have you ever been rejected for military service because of physical, mental, or other reasons?

a. If _____ so, _____ explain:

b. Have you ever served in the military? _____ If so, please state branch of military: _____

Service Serial No.: _____

Dates of service: From: _____ To:

Type of discharge: _____

c. Any service-connected injuries or disabilities:

Details: _____

d. Percentage of disability:

Present condition of service-connected injury or disability:

Do you receive payments for service-connected injuries or disability?

Prior claims and lawsuits

19. We know there have been many cases damaged beyond repair by a history of other claims and lawsuits that the attorney did not know about. It is not the fact that one has had other claims or lawsuits that is important, for one will not be penalized by a Court or jury in the claims are reasonable and genuine. It is the denial of previous claims and suits that damages the case. List every claim you have ever made for personal injury or property damage, and give details. This includes claims under the state worker's compensation laws, railroad sickness benefits, and the longshoremen's harbor workers' act. If you have made no claims and filed no lawsuits please state "none."

Date: _____ Nature of claim: _____

Against _____ whom:

Suit _____ filled:

Result: _____

Date: _____ Nature of claim: _____

Against _____ whom:

Suit _____ filled:

Result: _____

Prior accidents and injuries

Failure to mention other accidents or injuries can undermine a lawsuit, no matter how trivial they may seem. List here every such incident whether it resulted in a claim for damages or not, stating the date, place, and nature of the accident, and the extent of your injuries. If you have had no prior accidents or injuries, please state "none."

Date: _____ Place: _____

Nature of accident or injury: _____

Extent of injury: _____

Name of doctors and hospitals, and their addresses: _____

Medical history

Prior physical examinations or treatment

List here every physical examination or treatment for any condition you have had during the last ten years stating the date, name of the doctor or facility, and result, as fully as you can recall.

Date: _____ Time: _____

Doctor's/facility's name: _____

Address:

Purpose: _____ Result: _____

Date: _____ Time: _____

Doctor's/facility's name: _____

Address:

Purpose: _____ Result: _____

Date: _____ Time: _____

Doctor's/facility's name: _____

Address:

Purpose: _____ Result: _____

Accidents or injuries after this accident

If you have had any accident or injury since the one for which we are representing you, please state as to each:

Date: _____ Time: _____

Place: _____

How it happened: _____

Were you insured: _____ By whom?: _____

Names and dates of medical treatment or hospitalization and names and addresses of treating physicians:

Police record

It is the law in this state and elsewhere, that if a person has a criminal record, no matter how long ago, nor how mitigating the circumstances, that fact under certain circumstances may be proved against that party and commented on at the trial of the case. The denial of a criminal record increases the chance that the subject may be brought up at trial. The defense lawyers will investigate your background thoroughly. Therefore, it is extremely important that you discuss any criminal matter with your attorney. Please indicate below if you have a criminal record and discuss it with us as soon as possible.

