

## PERSONAL INJURY QUESTIONNAIRE

### Preface

The answers you give here will be held strictly CONFIDENTIAL. If you wish, this booklet will be returned to you when your claim has been concluded.

Answer every question FULLY AND ACCURATELY. Success in this case depends upon mutual confidence and complete cooperation between client and attorney. It is imperative that your attorney know as much or more about you, your history, and your activities than the Defendant WILL KNOW by the time your case goes to trial. You MUST PRESUME that the Defendant will then know as much about you as you know about yourself.

ONE SURPRISE at the trial, produced by the Defendant because of an incorrect or incomplete answer given here, CAN RUIN YOUR CASE. That cannot happen, if your attorney knows in advance every possible move that the Defendant can make, and has an opportunity to PREPARE YOU AND HIMSELF. Do not fail to answer a question fully, or you cannot understand why it has anything to do with your case.

This booklet is divided onto major headings. Although it may appear long and complicated, each question has some importance to your case. In each instance we have provided space for you to fill in the answer. The success of your case will be governed by your cooperation.

**I. GENERAL INFORMATION**

1. What is your full name ? \_\_\_\_\_

Present address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_. If you have no phone, where can a message be left for you? \_\_\_\_\_

Social Security Number: \_\_\_\_\_

2. List here the addresses where you have resided during the past ten years, and give the period of time at each residence, including dates.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Have you ever used or been known by any other name that shown above? \_\_\_\_\_. If so, list each name, and state when and why you used such other name(s). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Where were you born? \_\_\_\_\_

A.) Date of birth: \_\_\_\_\_

B.) Have you ever used any birth date or birthplace other than shown above?

\_\_\_\_\_.

C.) If so, list here each such other birth date or birthplace, and state when and where you used each. \_\_\_\_\_

\_\_\_\_\_

5. Are you married at the present time? \_\_\_\_\_. If so, what is the full name of your spouse? \_\_\_\_\_
6. List the names, ages, and address of all those, including children, who are dependent upon you for support, and your relationship to each.

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

7. Are you and your spouse living together at the present time? \_\_\_\_\_
8. Have you been divorced or legally separated at any time? \_\_\_\_\_  
If so, from whom, when, and where (include city, county, and state):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. WORK BACKGROUND**

The amount of your recovery in this case may be affected by loss of earnings and earning capacity, so please outline carefully your work background.

1. Were you employed at the time of the accident/injury? \_\_\_\_\_. If so, state the name, address, and telephone number of your employer and immediate supervisor:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What was your job title, or the type of work you were doing? \_\_\_\_\_  
\_\_\_\_\_
3. What was your rate of pay? \_\_\_\_\_
4. How many hours per week were you working regularly immediately prior to the accident? \_\_\_\_\_
5. When were you first employed by the company for which you were working at the time of the accident? \_\_\_\_\_
6. Have you remained in the same job since that date? \_\_\_\_\_ If not, state the reason for the termination of your employment, and the name, address, and telephone number of your present employer. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Have you missed any time from work as a result of your injury? \_\_\_\_\_  
If so, give dates you missed work because of this injury: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Did you lose wages for the periods of time missed from work? \_\_\_\_\_. If so, state the total lost to date: \_\_\_\_\_
9. Have you received any increases or decreases in your pay since the accident? \_\_\_\_\_  
\_\_\_\_\_. If so, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



provide:

- A.) Where it was filed (City, State) \_\_\_\_\_
- B.) Do you have copies available? \_\_\_\_\_
- C.) Will the figure shown in answer to #12 above be the same as shown in your returns? \_\_\_\_\_

**III. BACKGROUND**

We must know your background because your educational and physical history will have an important bearing upon your case.

- A. Education: What education have you had, including any special employment training?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- B. Physical Examinations: List here EVERY physical examination you have ever had, for employment, promotion, insurance, selective service, armed forces, etc. stating the date, place , name of doctor, and result as fully as you can recall.

<u>Date</u>	<u>Place</u>	<u>Name of Doctor</u>	<u>Purpose</u>	<u>Result</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- C. Other Accidents and Injuries: Failure to mention other accidents or injuries can

undermine your 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, nature of the accident, and extent of your injuries. If none, so state. \_\_\_\_\_

<u>Date</u>	<u>Place</u>	<u>Nature of Injury/Accident</u>	<u>Extent</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

D. Illnesses: No matter how trivial an illness, either before or since your accident, we must know about it. This is particularly true if there is any connection with your present physical complaints. The Defendant will have available at the trial, by medical and hospital records, veteran's records, insurance records, etc., a complete history of your past physical condition.

<u>Date</u>	<u>Nature of Illness</u>	<u>Duration</u>	<u>Treated By</u>	<u>Hospitalized</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

E. Medical Care Providers: You may have already listed all of the doctors you have

consulted. However, we want you to provide us with a COMPLETE list of all medical care providers, whom you have ever consulted for anything, including doctors, chiropractors, podiatrists, psychiatrists, psychologists, physical therapists, etc.

<u>Name/Address</u>	<u>Date/Time Span</u>	<u>Purpose</u>

F. Claims and Lawsuits: Any lawyer knows that there have been many cases damaged beyond repair by a history of other claims and lawsuits that he did not know about. It is NOT the fact that one has had other claims or lawsuits that is important, for you will not be penalized by a court or jury if the claims are reasonable or genuine. It is the DENIAL of previous claims and suits that damages the case. List here EVERY claim you have ever made for personal injury or property damage, and fill in the details.

<u>Date</u>	<u>Against Whom</u>	<u>Nature of Claim</u>	<u>Suit Filed</u>	<u>Result</u>

G. 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 may be proven against him and commented on at the trial of his case. Most defense attorneys

will NOT bring up a person's criminal record if they believe he will readily ADMIT the facts when asked, since to do so will hurt, rather than help, the defense. However, if the defense believes that a person will DENY conviction for a crime when the fact is otherwise, they WILL NOT HESITATE to use it against him. The defense will probably make a complete investigation of your background, and we must be PREPARED AGAINST the development of unfavorable evidence. List here every arrest, and state the date, place, charge, and result.

<u>Date</u>	<u>Place</u>	<u>Charge</u>	<u>Result</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

H. Activities Since the Accident: If you suffered a serious injury in the accident, it is possible the opposing side already has, or will in the future, take MOTION PICTURES of you. This is done with a telescopic lens, so that you never know it has been done until the pictures are presented in court to show that you ARE able to do something that you have either denied or neglected to mention that you are able to do. List here all your usual activities that you have NOT been able to perform since the accident, such as cutting grass, and recreational activities, such as golf, tennis, fishing, bowling, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I. Witness: This law firm believes that besides presenting medical evidence that describes your injuries, it is very important to have as witnesses various people who have noticed the effects of your injuries in your everyday life. Please list all of the people, such as

neighbors, relatives, co-workers, nurses, friends, etc., who might be able to compare your health before and after the accident.

<u>Name</u>	<u>Address</u>	<u>Telephone</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

J. Damages: Please list all of the damages and expenses to date that are a result of your accident. Where possible, please include dates, addresses, and enclose the bills.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Amount: \_\_\_\_\_

K Photographs: If you have any photographs, we would like to have any or all of the following:

- A.) Pictures of you before the accident;
- B.) Picture of vehicle damage;
- C.) Scene of accident; and
- D.) Pictures of your injuries. IF taken by someone else (insurance adjuster, friends, witnesses, or news photographer) let us know immediately so that we can try to secure copies.

L. Insurance Information: Please provide the following:

- A.) Your automobile policy;
- B.) Homeowner's liability policy;
- C.) Your Blue Cross or other hospitalization insurance policy;
- D.) Policies of any group insurance or special insurance, such as newspaper insurance, accident insurance, etc.;
- E.) Give us a list of all other insurance policies issued to any other members of your family or household. This last item is very important.

M. You should send us any subsequent bills, for repairs to your car, doctor's bills, medications, braces, transportation to and from hospitals, doctors' offices, etc., household help required, babysitters, etc.

N. Other Information: If you feel that there is more or other information that may be important to your case, please explain below, or attach additional sheets with an explanation.

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Dated: \_\_\_\_\_, 2000.

\_\_\_\_\_  
Client