

Personal Injury Questionnaire

You have been injured and / or your property has been damaged. We believe you deserve reimbursement for any loss connected with the accident. You have asked this law firm to represent your interests. In order that we may pursue your claim to a successful end we must have your assistance in several areas.

Please retain all correspondence, bills, reports, and records connected with this case. Keep a record of long distance calls, trips to the doctor, and time lost from work; you are entitled to recover these losses as well. Periodically forward your bills to us. If you need copies for other insurance, we will make them for you. Do not under any circumstances whatsoever discuss your case with anyone other than your spouse and legal counsel. Should inquiries be made, refer them immediately to your attorney. Again, do not discuss anything, no matter how innocent the inquiries may seem.

Do not sign or return any document or paper you may receive. Immediately forward all correspondence to your attorney for his review and he will determine the proper course of action or response if one is needed.

Should your own insurance policy contain a medical pay provision, you are entitled to collect medical expenses from your insurance company in addition to recovery from other sources. These funds can be made available immediately and can be of great help during the period before settlement or trial. Your attorney will assist you at no charge. Simply bring your policy and accumulated medical bills and a demand will be made to your insurance company.

Be patient. It is most important that a determination be made concerning the permanency or long term effects of your injury. Time is on your side. Your attorney will use it to your advantage in securing the most favorable recovery.

The information in the questionnaire is for our use only. All answers that you give will be held strictly CONFIDENTIAL and will not be released to any unauthorized persons.

If you wish, this information will be returned to you when your claim has been concluded.

Answer each question fully and accurately. Success in this case depends upon mutual confidence and complete cooperation between client and attorney.

It is imperative that your attorneys know as much about you as possible. This includes your history and activities. You must assume that the opposition will, at trial, know as much about you as you know yourself.

One surprise produced by the opposition at the trial can ruin your case. That cannot happen if your attorney is thoroughly prepared. We must know in advance every possible move the opposition can make, and prepare you accordingly.

We cannot stress too strongly the importance of answering every question fully, even though it may appear embarrassing, or unimportant. Even if you do not understand why a question has anything to do with your present case, put down the answer, and we will discuss its bearing on the case.

GENERAL INFORMATION

Your full name:

Date of birth:

Social Security Number:

Your spouse's name:

Date of birth:

Your present address:

Present address of spouse: (if same, so state)

Telephone numbers:

Your business:

Your residence:

Your spouse's business:

Your spouse's residence:

E-mail address:

Have either of you ever used, or been known by, any name other than the one shown above? If yes, list here each such name, and state when and where you used such other name.

Where did you live in the past 10 years? Give the dates you lived at each address.

Are you married now?

Are you living together now?

Have you been divorced or legally separated at any time? If yes, from whom, when, and where?

Give the names, addresses, and birth dates of your children:

Have you ever had Military Service? If yes, when? (From date_____ to date _____)

Type of discharge?

Any service related injuries? If yes, give details.

Percentage of disability:

Present condition of service related injury/ disability:

Do you receive payments for service connected injuries/ disabilities? If yes, give VA claim number.

YOUR EDUCATIONAL AND WORK BACKGROUND

Any loss of earnings and earning capacity, so please answer all questions fully. The amount of your recovery in this case will be affected by

EDUCATION:

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

AT THE TIME OF THE ACCIDENT: Where you employed? If yes, by whom?

Name:

Address:

Name of person in charge of issuing payroll:

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

What was your rate of pay?

How many hours per week were you working regularly immediately prior to the accident?

When did you begin work for this company?

PRESENT EMPLOYMENT: Are you still employed by the same company? If no, give reason for your termination of employment.

Name and address of present employer:

Date started:

Job title or type of work:

Rate of pay:

Number of hours per week:

Have you missed any time from work because of your injury? If yes, list the inclusive dates you were unable to work:

If still off, has your doctor given any indication as to when you may return? If yes, when?

Any specified limitations on your work capacity?

BEFORE THIS ACCIDENT: Have you lost time from work due to an injury? If yes, give details.

Did you lose time from work? If yes state the total amount lost to date, and the dates it covered:

Have you received any increases or decreases in your pay since the accident? If yes, explain:

What did you earn in the last year prior to your accident?

Have you filed income tax returns in the last three years? If yes, where? Do you have copies of them?

Will your answer be the same figure as what you earned one year prior to your accident?

YOUR PREVIOUS EMPLOYMENT (as far back as you can remember, list employer-s name and address, dates employed, job title, and reason for leaving)

THE ACCIDENT

Date of accident:

Time: a.m./p.m.

City:

County:

Daylight:

Dark:

Weather:

Location of accident: (as to intersections or fixed objects):

Brief description of accident: (include directions parties were traveling, etc.)

DEFENDANT:

Name: (is party an individual, partnership, or corporation?)

Address:

Defendant's insurance company and adjuster:

YOUR VEHICLE:

Was vehicle damaged? If yes, what parts?

Who owned the vehicle?

Make, Model, year and tag number of vehicle:

Motor #: (if known)

Value before collision:

Value after collision:

Laid up for repairs for how many days?

Rental of replacement required? If yes, total rental charge:

Rental charge covered by insurance:

Paid by you:

Name of company doing repairs:

Amount of bill:

Towing charges:

TOTAL: \$

DAMAGES OTHER THAN MEDICAL: (crutches, damage to clothes, watches, care of children...)

Regarding this accident, please answer the following:

Were pictures taken at the scene of the accident? If yes, by whom?

Were pictures taken of your vehicle? By whom? When? Where?

Did the police question you?

Did the police prepare a report?

Did you give or sign a statement? For whom? When? /do you have a copy?

Have you been questioned by an adjuster or investigator? When? Where?

Name of person who questioned you:

Was anyone else present?

Did you sign papers? Were you given a copy?

Provide us with a list of all the witnesses and their addresses, and any other people who may be of assistance in testifying about your case, your injuries, or changes in your activities since the accident.

MEDICAL EXPENDITURES- PRESENT ACCIDENT

Were you hospitalized? (Give names of hospitals, and dates you were there).

Total hospital charges:

DOCTOR-S FEES- list all fees. Include name of Doctor/ Institution, address of Doctor/Institution, and the amount billed.

Total Doctor fees: \$

X-RAYS- list when and where x rays were taken, and the amount billed for them:

Total x ray charges: \$

MEDICINES: list all prescription given and the total amount charged for them:

NURSING CARE: provide names, addresses, dates of stay, and amount billed for each stay at a nursing care facility:

Total nursing care charges: \$

DOMESTIC HELP: List name, address, and dates and amounts billed for the use of domestic help.

Total domestic help charges: \$

MEDICAL TRAVEL EXPENSES: List date, place, and mileage involved in traveling to/ from medical provider.

Total medical travel expense: \$

DISABILITY:

Length of time confined to bed:

Length of time confined to house:

Length of time partially disabled:

Length of time completely disabled:

State present physical condition and any changes due to the accident, including anything you cannot do, or do with difficulty as compared to before the accident, specific injuries from the accident, and present complaints:

YOUR PHYSICAL HISTORY AND BACKGROUND

PHYSICAL EXAMINATIONS: List every such exam you have had during the last 10 years, for any purpose- for employment, promotion, insurance, selective service, armed forces, etc. Include the date, place, name of doctor, purpose and result of said exams.

OTHER ACCIDENTS AND INJURIES: Failure to mention other accidents and /or injuries can undermine your claim, no matter how minor they may seem. List here every such incident, whether it resulted in a claim for damages or not. Include the date, place, nature of accident, extent of damage, and extent of injury for each.

ILLNESSES OR DISEASE: 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 opposition will have available at trial (by medical and hospital records, veteran's records, insurance records, etc.) A complete history of your past physical condition. List date, nature of illness, duration of symptoms, by whom

you were treated, and where you were hospitalized, where applicable.

Have you ever had, or do you now have, trouble with your eyes? Ears? Nose? If yes, please explain:

Have you ever worn glasses? An artificial eye? Hearing aid? If yes, explain:

Have you ever worn a brace, back, or neck support? If yes, explain:

Have you ever worked with radioactive substances? If yes, explain:

Have you ever been denied health or life insurance because of your health? If yes, by which company, and why?

ALCOHOLISM AND VENEREAL DISEASE: If you have ever been treated for these afflictions, please be sure to discuss it with your attorney, confidentially, long before your case goes to trial.

CLAIMS AND LAWSUITS: We know that many cases have been damaged beyond repair by a history of other claims and lawsuits which the client's attorney did not know about. It is NOT the fact that one has had other claims and/ or lawsuits that is important, for he will not be penalized by a Court or jury if the claims are reasonable and genuine. If you deny the existence of previous claims and suits, you will damage this case. List here EVERY claim you have EVER made for personal injury or property damage, and fill in the details such as date, against whom, nature of the claim, the suit filed, and the result.

POLICE RECORD: List the following information for every arrest (traffic violation or

other): Date, place, charges, result, and term of confinement:

DRIVING EXPERIENCE: State your driving experience with the motor vehicle involved in this accident:

Is there any limitation on your license to operate? If yes, what is the limitation?

ACTIVITIES SINCE THE ACCIDENT: If you suffered a serious injury in the accident, it is possible that the opposing side already has taken, or will take in the future, motion pictures of you. This is done with a telescopic lens, so that you will be unaware of it until the film is presented in court to show that you are able to something, which you have denied or neglected to mention that you are able to do. List here all your usual activities, which you have NOT been able to perform since the accident (such as cutting grass etc.):

MILITARY BACKGROUND: Have you ever been rejected for Military Service because of physical, mental, or other reasons? If yes, explain:

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