

CLIENT QUESTIONNAIRE

Name: _____ DOB: _____

Soc Sec # _____

Spouse: _____ DOB: _____

Soc Sec# _____

Address _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email _____

Alternate Contact Information _____

***Sometimes people move and/or change phone numbers forgetting to provide our office with their new contact information. It is for this reason that we ask that you provide our office with an alternative contact person who we may call in the event this occurs. Pursuant to attorney client privilege, we cannot and will not provide any information to this party without your written permission. We will only contact this person to ascertain your new contact information if needed.**

YOUR INFORMATION:

Insurance Carrier _____

Address of Carrier _____

Phone: _____

Policy Number: _____

Claim Number: _____

Adjuster: _____

Your Medical Insurance Carrier _____

Address of Carrier _____

Phone: _____

Policy Number: _____

Claim Number: _____

Adjuster: _____

DEFENDANT'S INFORMATION:

Name: _____

Address: _____

Phone: _____

Insurance Carrier: _____

Address of Carrier: _____

Phone: _____

Policy Number: _____

Claim Number: _____

Adjuster: _____

ACCIDENT INFORMATION:

Date of Accident: _____

Time of Accident: _____

Location of Accident: _____

Weather Conditions: _____

Please provide a description of your injuries: _____

Were there any Witnesses to the incident? Y/ N *(If yes, please complete the following)*

Name _____

Address _____

Phone # _____

Name _____

Address _____

Phone # _____

Name _____

Address _____

Phone # _____

Name _____

Address _____

Phone # _____

Do you have a Facebook or other social media accounts? Y / N

Please identify any social media accounts: _____

*****Please be advised that an insurance company and/or defense attorney will likely investigate photos and information you have posted online. They often investigate numerous websites including social networking sites like Facebook and LinkedIn, video sites like YouTube, and dating sites like eHarmony and Match.com. If you have a profile for any one of these sites, or if you have a personal blog, you should understand that photos and data you have placed online are likely to stay on the Internet even after you believe that you have deleted it. You must never assume that your profiles, blog, photos and videos - whether public or private - are only being viewed by your friends and peers. You cannot rely on the privacy features of a website to protect you from investigators who want to access your profile. For example, third-parties may gain access to your information through one of your "friend's" profiles. Moreover, Courts have permitted the use of subpoenas or other legal discovery devices to allow Defendants to obtain information and data from websites. In short, the rules of a lawsuit give a very broad scope of things that can be discovered about you. Therefore, please do not post information relating to your case online. Also, refrain from posting photos that show you engaging in unflattering or embarrassing behavior.**

EMPLOYMENT INFORMATION:

Present employer: _____

Employer's address: _____

Job description: _____

Rate of pay: _____

Job description: _____

Previous year's earnings: _____

Average annual earnings for past five years: _____

Dates of absence from work due to this accident: _____

Name and address of immediate supervisor: _____

Name and address of two co-workers: _____

Changes in duties or rate of pay since return to work: _____

Amount of wage loss to date: _____

Workmen's Compensation received to date: _____

Identity of Workmen's Compensation Carrier: _____

Reimbursement of wage loss by employer: _____

Have you retained copies of income tax returns for the last five years? _____

Please list employers including addresses for the past ten years: _____

Have you ever served in the military? _____

Highest Rank Achieved and Discharge status:

PRIOR MEDICAL HISTORY

Have you been admitted to the hospital at any time prior to this accident? Yes / No

Date(s): _____

For which injuries or medical conditions were you treated: _____

Have you previously received medical treatment for body parts injured in this accident? Yes / No

If yes, please describe: _____

Please list all past and current medical conditions for which you have received regular medical treatment (Examples: high blood pressure, diabetes, heart conditions):

PRIOR ACCIDENTS

Have you ever been injured in an accident before? Yes / No

Accident #1

Date of Accident:

Give a brief description of the accident: _____

Did you make an insurance claim? Yes / No

What type of insurance claim? Personal Injury / Workers Compensation/ Both

Name of Insurance Company/Companies Involved: _____

Accident #2 (if applicable)

Date of Accident:

Give a brief description of the accident: _____

Did you make an insurance claim? Yes / No

What type of insurance claim? Personal Injury / Workers Compensation/ Both

Name of Insurance Company/Companies Involved: _____

Accident #3 (if applicable)

Date of Accident:

Give a brief description of the accident: _____

Did you make an insurance claim? Yes / No

What type of insurance claim? Personal Injury / Workers Compensation/ Both

Name of Insurance Company/Companies Involved: _____

PRIOR LITIGATION

Did any of your prior accidents result in a lawsuit being filed? Yes / No

If Yes, please identify the law firm and attorney that represented you: _____

Please identify the State and County where the lawsuit was filed: _____

MISCELLANEOUS INFORMATION

Please provide any additional information that you believe may be relevant to your case:

***Remember to preserve the evidence for your case. This not only includes physical evidence, but also documentary evidence like proof of purchases (i.e. receipts) and medical copays. It is easier to keep track of your out-of-pocket expenses as you incur them.**

Please list your addresses for the past ten years:

Date

Address

Date

Address

Date

Address

Date

Address

Have you declared Bankruptcy within the last seven years? _____

If you declare Bankruptcy at any time during the pandancy or after this case concludes contact this office immediately.

Do you have a Will, Power of Attorney, Health Care Power of Attorney and Natural Death Directive? If not, are you interested in having these documents prepared?

The attorneys of this firm strongly suggest that you refrain from contacting one of the many services who offer a lump sum cash advances for your accident claim. These services charge extremely high interest rates which take away a substantial portion of any settlement proceeds that may be obtained on your behalf.

TREATING PROVIDER LIST

To ensure accurate records please provide our office with as much information as possible concerning your medical treatment. Please list all of the medical providers you have seen for accident related injuries, including but not limited to:

(Emergency Room, Physical Therapy, Occupational Therapy, Skilled Nursing, Chiropractic, Primary Care Doctor, Orthopedic Doctors, Pain Management, Mental Health providers etc.)

Providers Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____

Providers Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____

Providers Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____

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Address: _____
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Telephone: _____