

PERSONAL INJURY QUESTIONNAIRE

Name of Client: _____ DATE: _____

Please answer each question fully and accurately. Success in your case depends on mutual confidence and complete cooperation between you (the client) and your attorney (that would be me). It is crucial that I know as much as possible about you, your medical history, and your activities. Remember, a surprise at trial because of an incorrect or incomplete answer can hurt your case and my ability to prepare your case. I need to know, in advance, this information so that I can have an opportunity to prepare both you and myself.

The following questionnaire is divided into major headings. Although it may appear to be long and complicated, each question is important to your case in the long run. As such, please take the time to answer each and every question contained herein. If you need more space to write an answer, please feel free to attach additional pages explaining any answer to any question.

Because I will read all of your answers myself, PLEASE write concisely and LEGIBLY, and be as detailed as necessary to make my understanding of your responses as clear as possible.

IN ADDITION TO YOUR RESPONSES, IF YOU WERE DRIVING YOUR OWN VEHICLE AT THE TIME OF THE ACCIDENT, PLEASE ATTACH A COPY OF YOUR AUTOMOBILE INSURANCE POLICY DECLARATION PAGE IN EFFECT AT THE TIME OF YOUR ACCIDENT.

Thank you for taking the time to complete this questionnaire. It will serve us both well in my handling of your case.

Andrew S. Ree

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PERSONAL INJURY QUESTIONNAIRE**

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I. GENERAL INFORMATION

1. "You" or "your" refers to the Injured Client. If another person is writing the answers to this Questionnaire on behalf of the Injured Client, please identify the Helper:

(a) Helper's name: _____

(b) Helper's address: _____

(c) Helper's phone number: _____

(d) Helper's relationship to Injured Client: _____

(e) Reason Helper is helping: _____

2. Your name, address:

(a) your full name?

(b) your date of birth?

(c) your Social Security Number?

(d) your present address?

(e) your home phone number

(f) your work phone number?

3. Your spouse's name, address:

(a) the name of your spouse, if you are married?

(b) the date of birth of your spouse?

(c) the Social Security Number of your spouse?

(d) the present address of your spouse?

(e) the home phone number of your spouse?

(f) the work phone number of your spouse?

4. Other Names: Have either you or your spouse ever used, or been known by, any other name other than that shown above?

_____ If so, list each such other name and state when and why you used such other name:

5. Your Children: Give the names, dates of birth, current residence addresses, and telephone numbers of each of your children:

6. Prior Addresses: List here all address where you have resided during the past ten (10) years. Please give the period of time at each residence,

including dates.

DATES

ADDRESSES (Street, city, state and zip code)

FROM: TO:

7. Two close friends or relatives (not your spouse or children): Please list the names, addresses, and telephone numbers of two close friends or relatives who have lived at the same address for a long time and who will continue to live at the same address and who will always know how to get in touch with you.

8. Divorced:

Have you ever been divorced? _____ If so, from whom, when and where?

9. Separation:

Have you and your current spouse ever been separated at any time? _____ If so, please explain when, where, and why.

II. AUTOMOBILE INSURANCE COVERAGE ON YOU

1. Automobile insurance on the car that you were riding in at the time of the wreck.

(a) Who owned the car that you were riding in at the time of the wreck?

(b) Please give:

(1) The name of the insurance company_____

(2) The policy number_____

(3) The effective dates of coverage_____

(4) The named insureds on the policy_____

(5) The cars covered_____

(6) The listed operators_____

(7) The liability limits_____

(8) The uninsured/under insured limits_____

(9) Medical payments limits_____

(c) In addition, please give a copy of the effective declaration sheet and the actual policy language on the above insurance policies to your attorney.

Date given to your attorney: _____.

2. Automobile insurance that covered you personally at the time of the wreck.

(a) If you did not own the car that you were riding in at the time of the wreck and there were separate automobile insurance policies that covered you as an insured, please give for each policy:

(1) The name of that insurance company_____

(2) The policy number_____

(3) The effective dates of coverage_____

(4) The names insureds on the policy_____

(5) The cars covered_____

(6) The listed operators _____

(7) The liability limits _____

(8) The uninsured/under insured limits _____

(9) Medical payments limits _____

(b) In addition, please give a copy of the effective declaration sheet and the actual policy language on the above insurance policies to your attorney.

Date given to your attorney: _____.

3. Automobile Insurance that covered you as a Resident Relative at the time of the wreck. (The reason for this request is that you might be covered under your relative's automobile coverage if you were his or her Resident Relative.)

On the date of the wreck were you residing with any relative or relatives (by blood or marriage) of yours who had a separate automobile policy? _____

If yes, please give for each relative:

(1) Relative's name who was residing with you _____

(2) Relationship to you _____

(3) Relative's automobile insurance company _____

(4) Policy number _____

(5) Effective dates of coverage _____

(6) Uninsured/under insured limits _____

(7) Liability limits _____

(8) Medical payments limits _____

4. Reimbursement/Subrogation: Have you been notified in writing or orally that any of the above auto insurers wants to be reimbursed from the proceeds of any recovery that you obtain from the wrongdoer in this case? Yes or No. _____ If yes, please explain:

If you have been notified in writing, please give us a copy of such writing.

Date received from client: _____

III. HEALTH INSURANCE, MEDICARE, MEDICAID, CHAMPUS, ETC. (PLANS)

At the time of your injuries, were you covered by any health insurers, Medicare, Medicaid, Champus, etc. (Plans)? _____

If yes, please give the following information for each plan:

- (1) (a) Please list the name of the plan and the type of plan (Medicare, Medicaid, Champus, HMO, PPO, or fee for service):
 - (b) Is it an ERISA plan? _____ If yes, is this ERISA plan funded by insurance, or is it self funded? _____ (FMC Corp. vs. Holliday, 498 U.S. 52 (1990) (Request for Summary Plan Description 29 USA 1132 (c) (1) (B))
 - (c) What is the policy number?
 - (d) What are the limits of the policy?
- (2) Is your health insurance provided through your employer or your spouse's employer?
- (3) Have any of your medical bills that you incurred as a result of this incident been filed with any plan? Which plan?

(4) Give the person's name and phone number that you contact for filing a claim with each plan:

(5) (a) Have you been notified in writing or orally that any plan wants to be subrogated/reimbursed from the proceeds of any recovery from the wrongdoer? Yes or No. If yes, explain:

(b) If you have been notified in writing of a subrogation/reimbursement request, please give us a copy of such writing.

Date received from client: _____

(6) Please give a copy of each plan's policies to your attorney for his review.

Date given to your attorney: _____

(a) Does this plan contain specific language authorizing subrogation or reimbursement? _____

(b) Will the plan pay for its share of attorneys' fees and costs? _____

IV. AUTOMOBILE INSURANCE COVERAGE ON

THE WRONGDOER (DEFENDANT)

1. Do not call the wrongdoer or the wrongdoer's auto insurer to discover this information. Your lawyer will do that. Answer these questions if you know the answers without calling the wrongdoer or the wrongdoer's auto insurer.

2. If the wrongdoer had automobile insurance to your knowledge, what is the name of the wrongdoer's automobile insurance company?

3. What is the automobile insurance policy number? _____

4. Has anyone contacted you on behalf of the wrongdoer's automobile insurance policy? _____ If so, please give the name and the phone number of said person or insurance adjuster.
5. Did you give an oral or written statement? _____ If so, to whom, when, and where?
6. If you gave an oral statement, was it tape recorded?
7. Did such person offer you any benefits or settlement?

Explain:

V. THE INCIDENT

1. Date of the incident: _____
2. Municipality: _____ County: _____ Time: _____
Daylight: _____ Dark: _____ Weather: _____
3. Location of Incident (as to intersection or fixed objects):
4. In your own words, give a description of the incident, including direction parties were traveling: (Do not just repeat what the police officer has written on the incident or motor vehicle accident report. Give your own version of what happened.)
5. Prior to the incident, had you been drinking any alcohol? Yes or No. _____ If yes, how much; explain the circumstances:

6. Prior to the incident, had you taken any medications or drugs? Yes or No. _____ If yes, what type, prescription/non-prescription; explain circumstances:

7. Name and address of Wrongdoer (specify as individual, partnership, corporation):

8. Did the Wrongdoer admit that he or she caused the incident? _____ If so, who heard the Wrongdoer say that?

9. Was the Wrongdoer under the influence of drugs or alcohol? Yes or No. _____ If yes, explain:

10. Please list the people who suffered personal injuries in this incident:

11. Who was taken by ambulance to the hospital?

12. Were you wearing your seat belt? _____ If yes, what type of seat belt (lap belt only, or lap belt plus shoulder harness)?

13. Was your seat belt working properly? _____ If no, explain:
14. Were photographs taken of the incident scene at the time of the incident? _____
If yes, by whom? _____
15. Were photographs taken of the location of the incident after the incident? _____
If yes, why whom? _____

VI. YOUR PERSONAL INJURIES

1. Were you injured as a result of the incident? _____
2. Were you taken by ambulance to the hospital? _____
3. What specific parts of your body were injured? What were your injuries as a result of this incident? Please be specific and describe your injuries:
4. Did you experience pain and suffering due to your physical injuries? Yes or No?
_____ (Pain and suffering includes mental suffering, but mental suffering is not a legal item of damage unless there is physical suffering also. Anxiety, shock, and worry are examples of what might be included under mental pain and suffering. Also included as pain and suffering is any impairment of your bodily health and

11. In reference to doctors who treated you for your injuries in this incident, please give the name of each doctor, the type of doctor, the doctor's address, treatment given you, and the approximate charges to date (give us copies of bills and records if you have them in your possession):

<u>DOCTOR'S NAME</u>	<u>ADDRESS</u>	<u>TYPE OF DOCTOR</u>	<u>DATE OF TREATMENT AND TREATMENT GIVEN</u>	<u>APPROXIMATE CHARGES TO DATE</u>
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12. If you have received any physical therapy as a result of this incident, please give the dates, the names of the physical therapists, and they type of physical therapy received (give us copies of bills and records if you have them in your possession):

13. Have photographs been taken of your injuries to your body showing bruises, broken bones, swollen joints? _____ If yes, have you given the photographs to

your attorney?

VII. MEDICAITON EXPENSES DUE TO INCIDENT

As a result of this incident have you incurred expenses for medications and medicines? _____ If yes, please give the date purchased, name of medication, purpose for which it is taken, and the cost:

<u>DATE PURCHASED</u>	<u>NAME OF MEDICATION</u>	<u>PURPOSE</u>	<u>COST</u>
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VIII. PROPERTY DAMAGE TO THE CAR THAT YOU WERE RIDING IN

1. Was the car damaged? _____ If so, what parts and areas of your car:

2. Who owned the car that you were riding in?

3. What was its: Year _____ Make _____ Model _____
Tag # _____
Vehicle Identification # _____

4. (a) What was the fair market value before the incident:
(b) What was the fair market value after the incident:

5. What was the name of the company performing the repairs?

6. Where is this car currently located?

7. Was the car totaled? _____ If so, what was the value assigned to it?
8. What was the estimated value of repairing the car?
9. What was the actual charge for repairing the car?
10. Were there any towing charges incurred? _____ If yes, what were the towing charges?
11. Did you have to rent a car while your car was being repaired? If so, what were your rental expenses?
12. Have you been reimbursed by your own automobile insurance for the damages, and if so, how much?
13. Have you been reimbursed by the Wrongdoer's (Defendant's) automobile insurance policy? _____ If so, how much have you received?
14. Does your automobile insurance have collision coverage? If so, what is the deductible for your property damage under your automobile insurance policy?
15. Were photos taken of your damaged car? _____ By whom? _____ When? _____ (Please give these photos to your attorney if you have them in your possession.)

IX. YOUR WORK BACKGROUND

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

1. Were you employed at the time of the incident? _____ If so, state the name and address of your employer.
2. We may need to contact the above names employer concerning verification of any lost wages you may have due to the incident. Please list here the name of the person we should contact, that person's position/title with the employer, address, and phone number.
3. What was your occupation and job title?
4. Describe in detail what your daily duties were:
(Did you do physical labor such as lift objects?)

5. What was your wage or salary as of the date of injury?
6. Were you paid by the hour? _____ week? _____ month? _____ other? _____
How much? _____
7. On average, how many hours per week were you working regularly, immediately prior to the incident? per day _____; per week _____.
8. On average, how many days per week were you working regularly immediately prior to the incident?
9. Were you entitled to overtime pay if you worked overtime?
If yes, at what rate?
10. When were you first employed by the company for which you were working at the time of the incident?
11. Have you remained in the same job since that date? _____ If no, state the reason for the termination of your employment.

12. Have you missed any time from work as a result of your injuries from this incident? _____
 - (a) Dates and hours absent due to injuries (list dates of absence and number of hours absent for each date):

 - (b) Dates and hours absent for doctor/physical therapy appointments (list dates and number of hours absent for each date):

13. Have you before this incident lost time from work due to an injury? _____ If so, give dates and details.
14. (a) What is the total amount of wages lost by you due to your injuries in this incident? _____
- (b) How did you calculate the above amount of wages lost figure?
15. Did you get paid sick leave benefits by your employer while you were out of work due to the injuries that you received in this incident? _____ If yes, state the amount that you were paid in sick leave benefits, and for what dates.
16. Have you had any increases or decreases in your pay since the incident? _____ If so, explain:
17. If you have changed jobs since the incident, give a history of this job (or jobs), showing the name and address of the employer, rate of pay, hours, and type of work, etc.

18. List your employment for the past ten years. Your past employment record is important in determining your disability from an occupational viewpoint.

<u>NAME AND ADDRESS OF EMPLOYER</u>	<u>EMPLOYED FROM: TO:</u>	<u>REASON FOR LEAVING JOB</u>
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19. What did you earn in the last complete tax year prior to your injuries?
20. Have you filed income tax returns for the past 3 years? _____ If so, in which state? _____ Do you have copies of these tax returns? _____ Will the answer shown in #16 be the same as shown on your income tax return?

X. YOUR BACKGROUND

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

1. Education. What education have you received including any special training? Please state high school, colleges, degrees, and dates received.

2. Physical Examination. List here every examination you have had during the past 10 years, for employment, promotion, insurance, selective services, armed forces, etc.

<u>DATE</u>	<u>PLACE</u>	<u>NAME OF DOCTOR</u>	<u>PURPOSE</u>	<u>RESULTS</u>
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3. Other Accidents and Serious Injuries requiring treatment by a doctor: Failure

to mention other Accidents of other Serious Injuries (whether a result of a motor vehicle accident or some other incident) that required treatment by a doctor can undermine your lawsuit. List here every such injury, whether it resulted in a claim for damages or not, stating the date, place, nature of the injury, and the extent of your injury. If none, so state.

<u>DATE</u>	<u>PLACE</u>	<u>ACCIDENT OR INJURY</u>	<u>EXTENT OF INJURY</u>
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4. Serious illnesses or serious diseases that required treatment by a doctor: If you had a serious illness or a serious disease that required treatment by a doctor, we must know about it. This is particularly true if there is a connection with your present physical complaints. The Defendant will obtain your medical and hospital records, veteran's records, insurance records, etc., and will have a complete history of your past medical condition. Please give the following information on each illness or disease:

<u>DATE</u>	<u>NATURE OF ILLNESS OR DISEASE</u>	<u>DURATION</u>	<u>TREATED BY</u>	<u>HOSPITALIZED</u>
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