

PERSONAL INJURY

PLEASE READ THESE INSTRUCTIONS CAREFULLY

You have been injured and your property has been damaged. We believe that you are entitled to be reimbursed for any loss connected with the accident and you have therefore 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.

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. 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 may be entitled to collect medical expenses from your insurance company in addition to recovery from other sources. These funds can be made available during the period before settlement or trial. Bring in 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. Please provide all information available regarding your condition or conditions.

The information inside this folder 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 folder 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 attorney know as much or more about you, your history and activities, ***than the opposition knows*** by the time your case goes to trial. You must assume that the opposition will, at that time, know as much about you as you know about yourself.

One surprise produced by the opposition at the trial can ruin your case. That cannot happen if your attorney knows in advance every possible move that the opposition can make, and has an opportunity to prepare you and himself.

We cannot stress too strongly the importance of answering every question fully, even though it may be embarrassing, or you do not think it is important. 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.

If more space is needed to answer any question, use the last page.

GENERAL INFORMATION

1. Your full name _____ Date of birth _____
Your social security number _____
Your spouse's name _____ Date of birth _____
Your present address _____
Present address of spouse _____
Telephone Yourself-Business _____ Residence _____
Numbers Spouse-Business _____ Residence _____
2. Have either of you ever used, or been known by, any name other than that shown above?
_____ If yes, list here each such name, and state when and where you used such other name.

3. List here all addresses at which you have resided during the past 10 years, and give the period of time at each residence, including dates.

4. Are you married at the present time? _____
Are you living together now? _____
5. Have you been divorced or legally separated at any time? _____
If yes, from whom, when, and where? _____
6. Give the names, addresses, and birth dates of your children: _____

PHYSICAL HISTORY AND BACKGROUND

1. PHYSICAL EXAMINATIONS: List here *every* physical examination you have had during the last 10 years, for any purpose—for employment, promotion, insurance, selective service, armed forces, etc.

Date _____
Place _____
Name of Doctor _____

Purpose _____

Result _____

2. OTHER ACCIDENTS AND INJURIES: Failure to mention other accidents 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.

Date _____

Place _____

Nature of Accident _____

Extent of Damage _____

Extent of Injury _____

3. 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 the trial [by medical and hospital records, veteran's records, insurance records, etc.] a complete history of your past physical condition.

Date _____

Nature of Illness _____

Duration _____

Treated By _____

Hospitalized at _____

4. Have you ever had, or have now, trouble with your eyes? _____ Ears?
_____ Nose? _____ If yes to any, explain:

5. Have you ever worn glasses? _____ An artificial eye?
_____ Hearing aid? _____ If yes to any, explain:

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

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

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

9. 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.

10. 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 or lawsuits that is important, for he will not be penalized by a Court or jury if the claims are reasonable and genuine. It is the *denial* by the plaintiff of

previous claims and suits which damages the case. List here *every* claim you have *ever* made for personal injury or property damage, and fill in the details.

Date _____
Against Whom _____
Nature of Claim _____
Suit Filed? _____
Result _____

11. POLICE RECORD: List the following information for every arrest (traffic violation or other):

Date _____
Place _____
Charges _____
Result _____

12. 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? _____
Do you have a CDL? _____
Have you ever had a CDL? _____

13. ACTIVITIES AND RESTRICTIONS ON 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 do something which you have either 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.):

14. MILITARY BACKGROUND: Have you ever been rejected for Military Service because of physical, mental, or other reasons? _____

If yes, explain: _____
Have you ever had Military Service? _____
If yes, when? From _____ to _____.
Type of Discharge: _____
Any service-connected injuries? _____
If yes, give details: _____
Percentage of disability: _____
Present condition of service-connected injury or disability: _____
Do you receive payments for service-connected injuries or disabilities? _____
If yes, give VA Claim Number: _____

15. EDUCATIONAL AND WORK BACKGROUND

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

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

- B. AT THE TIME OF THE ACCIDENT: Were 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? \$ _____ per _____
How many hours per week were you working regularly immediately prior to the accident?
_____ hours per week.
When were you first employed by this company? _____
- C. PRESENT EMPLOYMENT : Are you still employed by the same company?

- If no, state the reason for termination of your employment: _____
Name and address of present employer: _____
Date started: _____
Job title or type of work: _____
Rate of pay: \$ _____ per _____
Number of hours per week: _____
- D. Have you missed any time from work as a result of your injury? _____
- E. If yes, list the inclusive dates you were unable to work: _____
If still off, has your doctor given you any indication of when you might return?

If yes, when? _____
Any specified limitations on your work capacity? _____
- F. Before the accident, have you lost time from work due to an injury? _____ If yes, give details: _____
- G. Did you lose wages for the periods of time missed from work? _____ If yes, state total amount lost to date, and the dates if covered: _____
- H. Have you received any increases or decreases in your pay since the accident?
_____ If yes, explain: _____
- I. What did you earn in the last year prior to your accident? \$ _____
- J. Have you filed income tax returns for the last three years? _____
If yes, where? _____
Do you have copies of them? _____
Will your answer to Number 8 be the same as the figure shown on your income tax return?

- K. YOUR PREVIOUS EMPLOYMENT (As far back as you can remember):

From /To _____
Employer's Name & Address _____
Job Title _____
Reason for Leaving _____

THE ACCIDENT

1. Date of accident: _____ Time: _____ AM or PM?
City: _____ County: _____
Daylight: _____ Dark: _____ Weather: _____
2. Location of accident (as to intersections or fixed objects): _____
3. Brief description of accident (including directions parties were traveling, etc.):

4. DEFENDANT: Name: _____
Individual? _____ Partnership? _____ Corporation?
_____ L.L.C.? _____
5. DEFENDANT'S INSURANCE COMPANY & ADJUSTER:

6. Was vehicle damaged? _____ If yes, what parts? _____
By whom was vehicle owned? _____
Make: _____ Year: _____ Model: _____ Tag
No.: _____
Motor No. (if known): _____ Value before collision: \$ _____
Value after collision: \$ _____ Laid up for repairs:
_____ 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: \$ _____
7. SPECIAL DAMAGES, OTHER THAN MEDICAL, AND SOURCE OF PROOF (crutches, damage to clothes, watches, care of children, etc.):

8. 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? _____ Do you
have a copy? _____ Have you been questioned by an adjuster or

investigator? _____ If yes, when? _____ Where?

Name of person who interrogated you: _____
Was anyone else present? _____ Did you sign papers? _____
Were you given a copy? _____

9. 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:

Name Address Telephone

10. MEDICAL EXPENDITURES-PRESENT ACCIDENT:

Were you hospitalized? _____ If yes, give name of hospital(s) and dates:

Total Hospital Charges: \$ _____

DOCTOR FEES:

Name _____

Address _____

Telephone _____

Amount _____

Total Doctor Fees: \$ _____

X-RAYS, MRIs, CTs, Ultrasounds, etc.:

When _____

Where _____

Amount _____

Total X-Ray Charges: \$ _____

MEDICINES:

Name of Pharmacy _____

Drug Name _____

Date _____

Amount _____

Total Amount of Medicines: \$ _____

NURSING CARE:

Name _____

Address _____

Dates _____

Amount _____

Total Nursing Care Charges: \$ _____

DOMESTIC HELP:

Name _____

Address _____

Dates _____

Amount _____

Total Domestic Help Charges: \$ _____

MEDICAL TRAVEL EXPENSE:

Date _____

Place _____

Reason _____

Mileage _____

11. DISABILITY: Length of time confined to bed: _____

Length of time confined to house: _____

Length of time partially disabled: _____

Length of time completely disabled: _____

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

OVERFLOW INFORMATION _____