

**CLIENT QUESTIONNAIRE**

Full name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security# \_\_\_\_\_

Spouse's name \_\_\_\_\_

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

Telephone numbers of yourself and your spouse (business and Residence)  
\_\_\_\_\_

Do you have any children? \_\_\_\_\_ If so what are they're age(s): \_\_\_\_\_

How many children are living with you now? \_\_\_\_\_

**EDUCATION**

High School/G.E.D.: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Technical School: \_\_\_\_\_

College/University: \_\_\_\_\_ Years & Degree: \_\_\_\_\_

**THE ACCIDENT**

1. Date of accident: \_\_\_\_\_ Day of week: \_\_\_\_\_ Time: \_\_\_\_\_

Weather: \_\_\_\_\_ Daylight, dusk, or dark: \_\_\_\_\_

2. Describe the location of the accident as to the city, county, state, and nearness to intersection, driveway, residence, fixed objects, etc. \_\_\_\_\_

3. Describe in detail how the accident occurred. \_\_\_\_\_  
\_\_\_\_\_

Any Construction in the area? \_\_\_\_\_

4. Name and address of defendant (specify as individual, co-partnership, all partners, or corporation): \_\_\_\_\_

5. Defendant's insurance company and adjuster: \_\_\_\_\_  
\_\_\_\_\_

6. If hospitalized, give names of hospitals and total charges: \_\_\_\_\_  
\_\_\_\_\_

7. Names and addresses of doctors, nurses, and charges (state to whom charges incurred and amount): \_\_\_\_\_  
\_\_\_\_\_

8. Was vehicle damaged? \_\_\_\_\_ If so, what parts? \_\_\_\_\_  
\_\_\_\_\_

Where you driving a company vehicle? \_\_\_\_\_

By whom was vehicle owned? \_\_\_\_\_

Make (and year) \_\_\_\_\_ Model \_\_\_\_\_ Tag No. \_\_\_\_\_

9. Insurance company insuring car you were in: \_\_\_\_\_

Address: \_\_\_\_\_

Collision coverage? \_\_\_\_\_ Medical pay? \_\_\_\_\_ PIP \_\_\_\_\_

**WORK BACKGROUND**

1. Were you employed at the time of the accident? \_\_\_\_\_

If so, state name and address of your employer \_\_\_\_\_

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. Have you missed any time from work as a result of your injury? \_\_\_\_\_

If so, list the inclusive dates you were unable to work:

From \_\_\_\_\_ To \_\_\_\_\_

**ADDITIONAL BACKGROUND INFORMATION**

1. Previous accidents: \_\_\_\_\_ Date(s): \_\_\_\_\_  
Place: \_\_\_\_\_  
Prior similar injuries, treated medical conditions and/or symptoms to same area or current injury (Dates/Drs.): \_\_\_\_\_
2. Claims and Lawsuits: List here EVERY claim you have ever made for personal injury or property damage, and fill in the details (stating who it was against, the date and the nature):  
\_\_\_\_\_
3. Activities limited since the Accident: \_\_\_\_\_
4. Were pictures taken at the scene of the accident? \_\_\_\_\_ By whom? \_\_\_\_\_  
When? \_\_\_\_\_ Were you questioned by the police? \_\_\_\_\_  
If so, what was the officer's name and of what police department was he a member?  
\_\_\_\_\_
- 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 interrogated you: \_\_\_\_\_  
Was anyone else present? \_\_\_\_\_  
Did you sign papers? \_\_\_\_\_ Were you given a copy? \_\_\_\_\_
4. How did you leave the scene of the accident? \_\_\_\_\_
5. Were other people in your car? \_\_\_\_\_ If so, list their names, addresses, and where seated in car.
6. Name and address of driver (defendant) of other vehicle: \_\_\_\_\_  
Owner of other vehicle: \_\_\_\_\_
7. How did defendant's vehicle leave the scene? (If towed, state by whom and where taken.)  
\_\_\_\_\_
8. Was defendant's vehicle damaged? \_\_\_\_\_ If so, what parts? \_\_\_\_\_
9. Was anyone, including yourself, to the best of your knowledge, taking any medication or using any sort of drugs? \_\_\_\_\_
10. Witnesses: List the names, addresses, and telephone numbers of all witnesses to the accident and any other person who may be of assistance in testifying about your case, your injuries, or changes in your activities since the accident.  
\_\_\_\_\_

**DAMAGES**

1. State in full detail all injuries received as a result of this accident: \_\_\_\_\_  
\_\_\_\_\_
- How have your injuries changed your lifestyle: Sports/Social Activities/Job Duties/House Hold Chores  
\_\_\_\_\_
2. Drugs and Medicines: State the total cost to date of all drugs and medicines used and purchased by you, as a result of the accident, and from whom purchased. \_\_\_\_\_  
\_\_\_\_\_
3. X-rays: Where taken, date, and by whom: \_\_\_\_\_
4. Total amount spent for domestic help? \_\_\_\_\_
5. Special damages (other than medical) and source of proof (*i.e.*, personal property which was damaged, lost or destroyed as a result of the accident, and any items not previously listed, such as crutches, clothing, watches, glasses, false teeth, aggravation of injuries by doctor's erroneous treatment, etc.). State the cost of the items:
9. In completing this questionnaire, have you thought of any information which we have not asked which MAY be of some assistance to us in serving you? If so, please state it here, no matter how silly, trivial, or embarrassing it may seem. \_\_\_\_\_