

## GENERAL INFORMATION QUESTIONNAIRE

**BACK**

NOTE: Questions 1 - 12 in this questionnaire are designed to be useful in most civil and criminal representations. Questions 13 - 20 should be added when screening prospective personal injury litigation clients. The questionnaire can be completed by the attorney during a first meeting with prospective clients or mailed to the client in advance and reviewed at a first meeting.)

1. Name and contact information

Full name \_\_\_\_\_  
Present home address \_\_\_\_\_  
Home phone \_\_\_\_\_ Business phone \_\_\_\_\_

2. Have you ever used, or been known by, any other name than that shown above?

☐ Yes ☐ No

If so, list here each other name, and state when and why each other name was used:

\_\_\_\_\_  
\_\_\_\_\_

3. State the addresses where you have resided during the past 10 years, and the period of time at each residence, including dates:

_____	Dates _____
_____	Dates _____
_____	Dates _____
_____	Dates _____

4. Place of birth \_\_\_\_\_ Date \_\_\_\_\_

Have you ever used any other date or place of birth? ☐ Yes ☐ No

If so, explain: \_\_\_\_\_  
\_\_\_\_\_

5. Are you presently married? ☐ Yes ☐ No

Date of marriage \_\_\_\_\_ Place of marriage \_\_\_\_\_

Full name of spouse \_\_\_\_\_

Have you ever been divorced or legally separated? ☐ Yes ☐ No

6. List the names, ages and addresses of all those (including children) who are dependent upon you for support, and your relationship to each:

Name	Address	Age	Relationship
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Employment History

Social Security number \_\_\_\_\_  
Most recent employer \_\_\_\_\_  
Employer's address \_\_\_\_\_  
Ending date \_\_\_\_\_ Beginning date \_\_\_\_\_  
Job classification \_\_\_\_\_  
Beginning pay rate \_\_\_\_\_ Ending pay rate \_\_\_\_\_  
Reason(s) for leaving \_\_\_\_\_

Employer prior to last listed \_\_\_\_\_  
Employer's address \_\_\_\_\_  
Ending date \_\_\_\_\_ Beginning date \_\_\_\_\_  
Job classification \_\_\_\_\_  
Beginning pay rate \_\_\_\_\_ Ending pay rate \_\_\_\_\_  
Reason(s) for leaving \_\_\_\_\_

8. Educational Background

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Military Background

Have you been in the military service? ☐ Yes ☐ No

If so, give service number \_\_\_\_\_

Type of discharge \_\_\_\_\_

Dates of service \_\_\_\_\_

Have you ever been rejected for military service because of physical, mental or other reasons? ☐ Yes ☐ No

If so, explain: \_\_\_\_\_

Do you have any service-connected injuries or disabilities? ☐ Yes ☐ No

If so, give details: \_\_\_\_\_

Percentage of disability \_\_\_\_\_

Present condition of service-connected injury or disability \_\_\_\_\_

Do you receive payments for service-connected injuries? ☐ Yes ☐ No

10. Prior Claims and Lawsuits

Many cases have been damaged beyond repair by a history of other claims and lawsuits which your attorney did not know about. It is **NOT** the fact that one has had other claims or lawsuits that is important, for one will not be penalized by a court or jury if the claims are reasonable and genuine. It is the **DENIAL** of previous claims and suits that damages the case. List every claim you have ever made for personal injury or property damage, and give details:

a) Date \_\_\_\_\_ Nature of claim \_\_\_\_\_

Against whom \_\_\_\_\_ Suit filed? \_\_\_\_\_

Result \_\_\_\_\_

b) Date \_\_\_\_\_ Nature of claim \_\_\_\_\_

Against whom \_\_\_\_\_ Suit filed? \_\_\_\_\_

Result \_\_\_\_\_

c) Date \_\_\_\_\_ Nature of claim \_\_\_\_\_

Against whom \_\_\_\_\_ Suit filed? \_\_\_\_\_

Result \_\_\_\_\_

11. Police Record

Under the rules of evidence, there are circumstances under which a person's prior criminal record may be relevant in a proceeding. The other attorney will make a complete investigation of your background, and we must be **PREPARED AGAINST** development of unfavorable evidence. List here any arrest(s) and state the date, place, charge, court, case number and outcome:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Workers' Compensation

Have you ever made a claim for Workers' Compensation? ☐ Yes ☐ No

If so, when was the date of your injury? \_\_\_\_\_

Are you receiving payments at present? ☐ Yes ☐ No

If so, explain: \_\_\_\_\_

Who is handling your Workers' Compensation action? \_\_\_\_\_

Are you receiving disability payments from any source other than Workers' Compensation at present? ☐ Yes ☐ No

If so, explain: \_\_\_\_\_

13. Date of Injury or Accident \_\_\_\_\_  
(If you are not certain about a specific date, discuss with the lawyer immediately).

Location of Accident/Injury \_\_\_\_\_

Names of other people involved in the accident/injury: \_\_\_\_\_

Have you missed any time from work as a result of your injury? ☐ Yes ☐ No

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

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

14. Prior Physical Examinations

List here **EVERY** physical examination you have ever had during the last five years, for any purpose, including employment, promotion, insurance, selective service, armed forces, etc. State date, name of doctor, and result, as fully as you can recall.

- a) Date \_\_\_\_\_ Place \_\_\_\_\_  
Name of doctor \_\_\_\_\_  
Purpose \_\_\_\_\_  
Result \_\_\_\_\_

- b) Date \_\_\_\_\_ Place \_\_\_\_\_  
Name of doctor \_\_\_\_\_  
Purpose \_\_\_\_\_  
Result \_\_\_\_\_
- c) Date \_\_\_\_\_ Place \_\_\_\_\_  
Name of doctor \_\_\_\_\_  
Purpose \_\_\_\_\_  
Result \_\_\_\_\_

15. Prior Accidents and Injuries

Failure to mention other accidents or injuries can undermine a lawsuit, no matter how trivial they may seem. List here every such incident, whether it resulted in a claim for damages or not, stating the date, place, nature of the accident and extent of your injuries. If none, so state:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Illness 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. At the trial, the defendant will have a complete history of your past physical condition, made available through medical and hospital records, veteran's records, insurance records, etc.

- a) Date \_\_\_\_\_ Nature of illness \_\_\_\_\_  
Duration \_\_\_\_\_ Treated by \_\_\_\_\_  
Hospitalized? ☐ Yes ☐ No  
If so, give dates: \_\_\_\_\_  
Name and address of hospital \_\_\_\_\_  
\_\_\_\_\_
- b) Date \_\_\_\_\_ Nature of illness \_\_\_\_\_  
Duration \_\_\_\_\_ Treated by \_\_\_\_\_  
Hospitalized? ☐ Yes ☐ No  
If so, give dates: \_\_\_\_\_  
Name and address of hospital \_\_\_\_\_  
\_\_\_\_\_
- c) Date \_\_\_\_\_ Nature of illness \_\_\_\_\_  
Duration \_\_\_\_\_ Treated by \_\_\_\_\_  
Hospitalized? ☐ Yes ☐ No  
If so, give dates: \_\_\_\_\_  
Name and address of hospital \_\_\_\_\_  
\_\_\_\_\_

Do you now, or have you ever had trouble with:

Eyes? ☐ Yes ☐ No

Ears? ☐ Yes ☐ No

If so, give details: \_\_\_\_\_

Have you ever worn glasses? ☐ Yes ☐ No

An artificial eye? ☐ Yes ☐ No

A hearing aid? ☐ Yes ☐ No

If so, give details: \_\_\_\_\_

Have you ever worked with radioactive substances, asbestos or any other substance alleged to cause diseases, such as cancer? ☐ Yes ☐ No

If so, please explain: \_\_\_\_\_

Have you ever been denied life or health insurance? \_\_\_\_\_

If so, by which company and why? \_\_\_\_\_

17. Alcoholism, Drug Addiction, and Venereal Disease

If you have ever been treated for these conditions, please be sure to discuss it with your attorney **CONFIDENTIALLY**, long before your case goes to trial.

18. The Injury

State all injuries known to be a result of the accident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Length of time confined to bed \_\_\_\_\_

Length of time confined to house \_\_\_\_\_

State present physical condition, including scars, disabilities, deformities, discomforts, etc., due to the injuries:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. List all physicians and surgeons you have seen for your injury/injuries.

a) Name \_\_\_\_\_

- Address \_\_\_\_\_  
Nature of treatment \_\_\_\_\_  
Still under care? \_\_\_\_\_
- b) Name \_\_\_\_\_  
Address \_\_\_\_\_  
Nature of treatment \_\_\_\_\_  
Still under care? \_\_\_\_\_
- c) Name \_\_\_\_\_  
Address \_\_\_\_\_  
Nature of treatment \_\_\_\_\_  
Still under care? \_\_\_\_\_
- d) Name \_\_\_\_\_  
Address \_\_\_\_\_  
Nature of treatment \_\_\_\_\_  
Still under care? \_\_\_\_\_
- e) Name \_\_\_\_\_  
Address \_\_\_\_\_  
Nature of treatment \_\_\_\_\_  
Still under care? \_\_\_\_\_

CONTINUE ON BACK, IF NECESSARY

20. List all nurses, therapists or other health care professionals that you have seen.

- a) Name \_\_\_\_\_  
Address \_\_\_\_\_  
Nature of treatment \_\_\_\_\_  
Still under care? \_\_\_\_\_
- b) Name \_\_\_\_\_  
Address \_\_\_\_\_  
Nature of treatment \_\_\_\_\_  
Still under care? \_\_\_\_\_
- c) Name \_\_\_\_\_  
Address \_\_\_\_\_  
Nature of treatment \_\_\_\_\_  
Still under care? \_\_\_\_\_