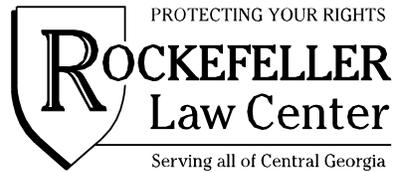


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## Personal Injury Questionnaire

Answer each question fully and accurately. Success in this case depends on mutual confidence and complete cooperation between you (as the client) and the attorney. It is imperative that your attorney know as much as possible about you, your history, and your activities.

A surprise at trial because of an incorrect or incomplete answer here can hurt your case. Your attorney needs to know in advance this information so he can have an opportunity to prepare you and himself. Do not fail to answer a question fully even though it may be embarrassing to you, or you do not think it is important.

This questionnaire is divided into major headings. Although it may appear to be long and complicated, each question is important to your case.

In the event you need more space to write an answer, feel free to attach additional pages explaining an answer to a question.

This questionnaire and its answers will not be read by a computer. It will be read by your attorney, therefore be as detailed as possible.

Thank you for your cooperation.

### PERSONAL INJURY

#### GENERAL INFORMATION:

1. What is:

(a) the date of incident?

(b) your full name?

(c) your date of birth?

(d) your Social Security number?

(e) your present address and past addresses going back for ten (10) years?

(f) your home phone number?

(g) your work phone number?

(h) relatives (name, relationship, address, and phone number) living in the Middle Georgia area?

2. What is:

(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 date of your marriage?

(f) the work phone number of your spouse?

3. Other Names: Have either of you or your spouse ever used, or been known by, any other names other than that shown above? \_\_\_\_\_ If so, list each such other name and state when and why you used such other name:

4. Your Children: Give the names, date of births, and current residence addresses of each of your children:

AUTOMOBILE INSURANCE COVERAGE ON YOU

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

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

(b) What is the name of the insurance company that provided automobile insurance on the car that you were in at the time of the incident?

HEALTH INSURANCE INFORMATION FOR YOU

At the time of your injuries, were you covered by any health insurance policies? \_\_\_\_\_ If yes, please list the names of each health insurance company:

(a) What is the policy number?

(b) What are the limits of the policy?

(c) Is your health insurance provided through your employer or your spouse's employer?

(d) Have you filed any of your medical bills that you incurred as a result of this incident with this health insurance company?

(e) List the person's name and phone number that you contact for filing a claim with each health insurance company.

Please give a copy of the health insurance policies to your attorney for his review.

## WRONGDOER'S (DEFENDANT) AUTOMOBILE INSURANCE

1. If the wrongdoer had insurance, what is the name of the wrongdoer's automobile insurance company?

2. What is the automobile insurance policy number?

3. 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 insurance adjuster.

4. Did you give a oral or written statement? \_\_\_\_\_ If so, to whom, when and where?

5. If you gave an oral statement, was it taped recorded?

## 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. What was your job title?

3. Describe in detail what your daily duties were:

4. What was your rate of pay?

5. Were you paid by the hour? \_\_\_\_\_ week? \_\_\_\_\_ month? \_\_\_\_\_ how much?

6. Approximately how many hours per week were you working regularly immediately prior to the incident?

7. When were you first employed by the company for which you were working at the time of the incident?

8. Have you remained in the same job since that date? \_\_\_\_\_ If no, state the reason for the termination of your employment.

9. Have you missed any time from work as a result of your injuries? \_\_\_\_\_ If so, list the inclusive dates that you were unable to work as a result of your injuries.

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

10. Have you before this incident lost time from work due to an injury? \_\_\_\_\_ If so, give the dates and details.

11. Did you lose wages for the period of time missed from work? \_\_\_\_\_ If yes, state the total loss to date and the dates covered:

12. 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.

13. Have you had any increases or decreases in your pay since the incident? \_\_\_\_\_ If so, explain:

14. If you have changed jobs since the accident, give a history of this job (or jobs), showing the name and addresses of the employer, rate of pay, hours, and type of work, etc.

15. List your employment as far back as you can remember. Your past employment record is important in determining your disability from an occupational viewpoint.

NAME AND ADDRESS OF EMPLOYER EMPLOYED FROM: TO: REASON FOR LEAVING JOB

16. What did you earn in the last complete tax year prior to your injuries?

17. 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 #16 be the same as shown on your income tax return?

### THE INCIDENT

1. Date of the incident: \_\_\_\_\_

2. Municipality: \_\_\_\_\_ County: \_\_\_\_\_ Time: \_\_\_\_\_

Daylight: \_\_\_\_\_ Dark: \_\_\_\_\_ Weather: \_\_\_\_\_

3. Location of Incident (as to intersections or fixed objects):

4. In your own words, give a description of the incident, including direction parties were traveling:

5. Did the Defendant admit that he or she caused the incident? \_\_\_\_\_ If so, who heard the Defendant say that?

6. Name and address of Defendant (specify as individual, partnership, corporation):

7. Defendant's insurance company and adjuster:

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

9. Who was taken by ambulance to the hospital?

10. Were you wearing your seatbelt? \_\_\_\_\_ If yes, what type of seatbelt (lap belt only or lap belt plus shoulder harness)?

11. Was your seatbelt working properly? \_\_\_\_\_ If yes, explain:

12. Were photographs taken of the incident scene at the time of the incident? \_\_\_\_\_

If yes, by whom? \_\_\_\_\_

13. Were photographs taken of the location of the incident after the incident? \_\_\_\_\_

If yes, by whom? \_\_\_\_\_

### 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 and 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? \_\_\_\_\_ (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.) If yes, be specific and describe your pain and suffering.

5. Had you ever had a previous injury to this specific part of your body? \_\_\_\_\_ Please list and describe, giving the dates of any prior injuries or pre-existing conditions to those parts of the body that were injured in this incident:

6. Please state your present physical condition and any complaints due to the incident, including anything that you cannot do or do with difficulty as compared with before the incident, specify injuries from the incident, and present complaints.

7. Please give the dates that you were confined to your house;

8. Please give the dates of time missed from work;

9. If hospitalized, give the name of the hospital, the dates that you were in each hospital, and the total charges:

10. If you received an operation on a part of your body due to the incident, please give the name of the doctor, when he performed it, and described the operation:

11. In reference to doctors who treated you for you injuries in this incident, please give the name of each doctor, the type of doctor, the doctor's address, treatment given you, and charges to date:

DATE OF TREATMENT

DOCTOR'S AND CHARGES TO

NAME ADDRESS TYPE OF DR. TREATMENT GIVEN DATE

13. If you have received any physical therapy as a result of this incident, please give the dates, the names of the physical therapists, and the type of physical therapy received:

14. Have you taken photographs of your injuries to your body showing bruises, broken bones, swollen joints? \_\_\_\_\_ If yes, have you given the photographs to your attorney?

PROPERTY DAMAGE TO YOUR CAR

1. Was your 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 ID # \_\_\_\_\_

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 so, what were the amount of 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? \_\_\_\_\_

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?

### 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 employment? Please state high school, colleges, degrees, and dates received.

2. Do you go to the doctor regularly? What is the doctor's name?

3. Other incidents and other injuries requiring treatment by a doctor: Failure to mention other accidents or other injuries 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, no state.

DATE PLACE ACCIDENT OR INJURY EXTENT OF INJURY

4. Illnesses or diseases that required treatment by a doctor: If you had an illness or a 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 complaint. The Defendant will have available at trial, by medical and hospital records, veteran's records, insurance records, etc., a complete history of your past physical condition.

NATURE OF

DATE ILLNESS OR DISEASE DURATION TREATED BY HOSPITALIZED

5. Have you ever had, or have you now trouble with your eyes?

6. Have you ever worn glasses? \_\_\_\_\_

If so, please explain:

7. Have you ever worn a brace? \_\_\_\_\_ Back or neck support? \_\_\_\_\_

If so, please explain:

OTHER CLAIMS AND OTHER LAWSUITS

We know that there have been many cases damaged beyond repair by history of other

claims and other lawsuits that the attorney did not know about. It is NOT the fact that one has had other claims or lawsuits that is important, for which you 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 that you have ever made for personal injury or property damage and fill in the details:

NATURE OF

DATE AGAINST WHOM CLAIM SUIT FILED RESULT

CRIMINAL AND DRIVING RECORDS

Please list here every arrest and conviction of any crime including moving traffic

Violations. Please state the date, place, charge and result:

DATE PLACE CHARGES RESULT CONFINED \_\_\_\_\_

WITNESSES

1. Eyewitnesses to the Incident: Please provide us with a list of all eyewitnesses to the incident, their addresses, phone numbers, and any other person who can testify about the incident in your case.

NAME ADDRESS PHONE NUMBER WHAT WITNESS SAW

2. Before and After Witnesses: Please provide us with a list of all the before and after witnesses, their addresses, and phone numbers, who can testify about your injuries and the impact that they have had on your life. Before and after witnesses can testify what your activities were before the incident and what your activities were after the incident. Examples would be your parents, your spouse, close friends, dance instructor and sports coach, etc.

WITNESSES

NAME ADDRESS PHONE NO. CAN TESTIFY TO RELATIONSHIP TO YOU

MEDICATION EXPENDITURES 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:

DATE PURCHASED NAME OF MEDICATION PURPOSE COST

DOMESTIC HELP

As a result of this incident, have you had to hire domestic help (help to do household chores  
and duties)? \_\_\_\_\_ If so, please give the names of the domestic help, the address, the phone  
number and amounts paid:

NAME ADDRESS PHONE NUMBER FROM: TO: AMOUNT PAID

OTHER INFORMATION

1. How did you learn about our law office?

2. Is there any other information that you would like to give to the attorney to understand your  
case? \_\_\_\_\_ If so, please state here: