

Client Accident Worksheet - Plaintiff

A. GENERAL BACKGROUND INFORMATION

PLAINTIFF INFORMATION

1. Name _____
(First, Middle, Last)
2. Address: _____
3. Home Telephone No. () _____ Work Telephone No. () _____
4. Birth Date: _____ Birth Place: _____
5. Drivers License No. _____ State _____
6. Social Security Number: _____
7. Other Names: A/K/A,s _____
Maiden Name _____
Other Spelling _____
How to Pronounce _____

CURRENT MARITAL STATUS

1. Date of Marriage: _____
2. Place of Marriage: _____
3. Names, Addresses and Birthdays of all children born of current marriage:

(Full Name) (Present Address) (Birthday)

(Full Name) (Present Address) (Birthday)

(Full Name) (Present Address) (Birthday)

(Full Name) (Present Address) (Birthday)

(Full Name) (Present Address) (Birthday)

(Full Name) (Present Address) (Birthday)

PRIOR MARITAL STATUS

1. Prior Marriages: _____
2. Names of former spouses: _____
3. Date of divorce or death of spouse: _____

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OTHER

1. Children of previous marriages or otherwise:

(Full Name) (Present Address) (Birthday)

(Full Name) (Present Address) (Birthday)

(Full Name) (Present Address) (Birthday)

2. Currently paying or receiving support payments for children of prior marriage? _____ If so, state amount paying or receiving per pay period. _____ per week/two weeks/month (circle one).

3. List addresses of residences for past 10 years, including length of time at each residence:

Places

Dates

4. Are you receiving or have you ever received any payments from the VA, Social Security or other sources? _____ If so, please give details. _____

MILITARY BACKGROUND

1. Have you ever been in the military service? _____ Dates: _____
Branch: _____ Type of discharge received: _____ VA No. _____

2. Was service overseas, combat, hospitalized or decorated, etc. _____

POLICE RECORD

1. Other than minor traffic offenses, have you ever been convicted **or** charged with any crime? _____ If so, please give the following: Criminal charge, date and place: _____

2. Is there now or has there ever been a restriction on your drivers license? _____ If so, please give details _____

3. Have you ever received any traffic tickets? _____ If so, please furnish the following information: Nature of traffic ticket, date and what was done about it

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PRIOR CLAIMS AND LITIGATION

Failure to mention or denying previous claims and litigation can and will undermine your lawsuit no matter how trivial they may seem. Our not knowing about them could be much worse than their occurrence. List every accident whether it resulted in a claim or not.

1. Have you ever made a claim for workers compensation or a work-related injury at any time?
_____ If so, please state as follows:
 - a. Type of claim: _____
 - b. Employer: _____
 - c. Date: _____ Injury: _____
 - d. Amount received or income: _____

2. Have you ever filed for any claim for social security benefits due to an injury? _____ If so, please state as follows:
 - a. Date: _____ Injury: _____
 - b. Claim number, if any: _____
 - c. Money received or outcome: _____

3. Have you ever received any veterans pension or benefits? _____ If so, please state as follows:
 - a. Date: _____ Injury: _____
 - b. Claim number, if any: _____
 - c. Reason: _____
 - d. Amount received or income: _____

4. Have you ever made any claims at anytime for benefits from any other sources? (student loan or grant, child support, AFDC, food stamps or rent support, etc.) _____ If so, state as follows:
Nature: _____ Claim No: _____ Date: _____
Result: _____ Are you currently making payments on these student loans? _____ (Is deferment a possibility?) _____

5. Have you ever made a claim against anyone for personal injuries as the result of any accident?
_____ If so, please state:
 - a. Date: _____
 - b. Place: _____
 - c. Name and address of other party to the accident: _____
 - d. Amount received or outcome of claim: _____
 - e. Other details: _____

6. Have you ever made a claim against anyone for any other reason (property damage to vehicle, homeowner's policy, renter's policy, etc.)? _____
 - a. Date: _____
 - b. Type of claim: _____
 - c. Name & address of others involved: _____
 - d. Other details: _____

7. Have you ever been a party to any lawsuit? _____

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- a. Date: _____
- b. Type of claim: _____
- c. Name & address of others involved: _____

- d. Other details: _____

8. Have you ever had any insurance policy declined, canceled or rescinded? _____
Please state the type of policy the insurer and the reason why it was declined, cancel or rescinded:

EDUCATIONAL BACKGROUND

1. High School: _____ Number of years attended: _____
Year left: _____ Graduated? _____ Program or degree: _____
2. College or University: _____ Number of years attended: _____ Year left: _____
Graduated: _____ Program or degree: _____

3. Business School/Technical Training: _____ Number of years attended: _____
Year left: _____ Graduated: _____ Program or degree: _____

4. Special skills or specific employment training: _____

RELIGIOUS AND FRATERNAL BACKGROUND

1. Please list your religious affiliation at the present time:

2. Name of your clergy: _____
3. Attend church meetings and how often? _____
4. List fraternal organizations and unions to which you now belong:

5. Volunteer or attend other meetings regularly? _____ Please explain:

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B. WORK BACKGROUND

PERSONAL EMPLOYMENT

1. Were you employed at the time of your injury? _____ If so, state name and address of your employer: _____

2. Present job title and duties: _____
Physical demands of job (sit, stand, walk, lift, carry:) _____

3. Date started working for the employer: _____
4. Present salary (gross): _____ per _____
5. How many hours per week were you working regularly immediately prior to the accident?

6. Have you missed work as the result of your injuries? _____ If so, name and address of employer at time of injury: _____
Number of hours or days missed due to the injury: _____ Amount of pay at the time work was missed per hour, week or month: _____ Hours of normal employment per week at the time of injury: _____
Total amount of gross wage loss due to inability to work: _____
Additional employment benefits lost because you could not work due to your injury: _____

7. Did you ever lose time from work due to an injury prior to this accident for any other reason?

8. Have you used any vacation or sick time due to injuries? _____ If so, how many & what dates?

9. Have you changed employment because of the injuries? _____ If so, explain:

10. Have there been any increases or decreases in your pay since the your injury?
_____ Please explain: _____
11. Has the nature of your work changed since the date of the accident, if you have continued working?
Please explain: _____

12. Have you filed income tax returns for the last five years? _____ Do you have copies?
____ (If you do have copies, please supply us with them at your earliest convenience!)

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13. If you are not now working, have you in the past worked outside the home? _____ If so, list your employment for the last 10 years including:

<u>Employer</u>	<u>Address</u>	<u>Date of Employment</u>	<u>Nature of Employment</u>	<u>Wages</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

SPOUSE'S EMPLOYMENT

1. Is spouse presently employed? _____ If so, what is the name and address of employer:
_____ Present job title and duties:
Date spouse began working for the employer: _____ Number of hours per week spouse is employed: _____
2. If your spouse is not presently employed, has your spouse been employed in the last five years? _____ If so, please furnish the following:

<u>Employer</u>	<u>Address</u>	<u>Date of Employment</u>	<u>Nature of Employment</u>	<u>Wages</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

C. MEDICAL HISTORY

Failure to mention other accidents or injuries can undermine your lawsuit, no matter how trivial they may seem. No matter how trivial an illness, either before or since your accident, **WE MUST KNOW ABOUT IT!** This is particularly important if there is any connection with present physical complaints. The defendant will have available at the trial, by means of medical and hospital records, veterans records, insurance records, etc. a complete history of your past physical condition. If you have ever been treated by a psychologist or psychiatrist, or for chemical dependency, please be sure to discuss it with your attorney, confidentially, long before your case goes to trial.

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PAST HOSPITALIZATIONS

1. Were you ever been treated at any hospital BEFORE this injury? _____ If so, please complete the following:

<u>Name of Hospital</u>	<u>Length of Hospitalization</u>	<u>Reason for Hospitalization</u>	<u>Dates</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

PAST ILLNESSES

1. Have you ever had any chronic or serious illnesses BEFORE this injury? _____ If so, please complete the following:

<u>Nature of Illness</u>	<u>Date</u>	<u>Name of Doctor</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

2. Have you ever had any prior similar injury or illness to the ones associated with this injury?

3. Have you ever had any chronic health problems during your lifetime other than from the injury in this case? _____ If so, please describe fully:

PAST ACCIDENTS, BROKEN BONES OR INJURIES

1. Have you, BEFORE the injuries in this case, had any broken bones, accidents of any kind or injuries for any reason which required medical attention? _____ If so, please furnish the following information:

<u>Nature of Injury</u>	<u>Injury Date</u>	<u>Name of Doctor</u>	<u>Recovery Time</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Client Accident Worksheet - Plaintiff

PAST MEDICAL/DENTAL, INFORMATION

1. Over the past 15 years, who has been your regular family doctor and dentist you have consulted when you have needed medical or dental attention? _____
If more than one doctor/dentist/chiropractor/gynecologist or other physician has been used by you, please indicate below:

	<u>Dentist/Doctor</u>	<u>Dates Seen</u>	<u>Reason</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

2. Have you used any drugs or medication regularly BEFORE the injury in this case? _____ If so, please describe the drug or medication and the purpose: _____
3. Have you ever had any auto/life/health insurance exclusions or riders on any policies of insurance? _____ If so, what type: _____
4. Please list any physical examination you have had for employment, promotion, insurance, selective service, armed forces, etc.: _____ State the date, name of doctor and result as fully as you can recall: _____
5. Do you wear corrective vision lenses: _____ What type: _____ Reason for lenses: _____

D. INSURANCE INFORMATION

HEALTH/MEDICAL

1. Do you have any medical insurance policy, (including an automobile medical benefits policy) no-fault, medical insurance paid through your employment, or private medical policy, which might pay the bills as the result of your injuries in this case? _____ If so, please furnish the following information:
- Type of policy: _____
 - Name and address of insurance company: _____
 - Policy Number: _____
 - Policy adjuster or agent: _____

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2. Have your bills been paid by any medical insurance company, welfare, or any person other than yourself? _____ If so, please furnish the following information:
- a. Name of entity paying bills: _____

- b. List the bills paid and the amount paid: _____

3. Have you made any claim for payment of your bills from your medical insurance company, welfare or other sources? _____ If so, please describe:

4. Do you have any other insurance of any kind which would provide payment of your medical bills for this accident? _____ If so, please furnish the following information:
Name, and address of the company: _____
Name and address of agent: _____
Type of policy or claim and/or policy number: _____

CLIENT AUTO INSURANCE

1. Does your case involve an automobile accident? _____ If so, please furnish the following information:
Name of auto insurance company: _____
Policy Number: _____
Insurance Adjuster: _____
Adjuster phone number: _____
Claim Number: _____
2. Do you have a copy of your policy? _____
3. Insurance agent name and phone number: _____
4. Listing of other vehicles owned in family which are insured:
- | Description
of Vehicle | Year
and Model | Insurance
Company |
|---------------------------|-------------------|----------------------|
| 1. _____ | | |
| 2. _____ | | |
| 3. _____ | | |
5. Has an application for no-fault insurance benefits been completed and sent in? _____
To whom? _____
6. Has your property damage claim been resolved? _____ Amount of your deductible: _____
_____ If not, property damage adjuster name and phone number:

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DEFENDANT AUTO INSURANCE

1. Did the other party have insurance to your knowledge? _____
2. If so, the name of his insurance company: _____
3. Name of insurance adjuster: _____ Address and phone number of insurance adjuster: _____
4. Claim No. _____
5. Do you know the amount of insurance the other party has? _____ If so, please state: _____

INVESTIGATION

1. Have you talked to any insurance adjuster or police officer about your injury? _____
If so, please explain: _____
2. Name of police officer and/or insurance adjuster: _____
3. Name of insurance company the adjuster represented: _____
Do you have her/his card? _____
4. Who was present at the time? _____
5. What did you tell the adjuster and/or police officer?
_____ Did you sign anything? _____ Did you get a copy? _____
6. Did you speak with an adjuster on the phone? _____ Did the adjuster make a recording of what was said? _____ If so, did you get a copy of the recording? _____
7. Was an offer made to settle your claim? _____ Please be advised it is not in your best interest to speak to any adjuster at any time. If someone calls, please direct them to our office.

E. FACTS OF ACCIDENT

GENERAL INFORMATION

1. Date: _____ Day: _____ Time: _____
Location of accident, city, county and state: _____
Weather: _____ Daylight, Dusk or Dark? _____

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2. Describe the nearness of the accident as to intersection, driveway, residences, fixed objects, etc:

3. Please describe exactly how the accident happened, giving as many details as you can:

4. Comment, if applicable, upon the following: Defects in road or car, distances, lanes, intersections, railroad crossings, horn sounds, radio on, windows up, (air-conditioner on) brake noise, tire squeal, skid marks, turn signals, windshield, stoplights, headlights, speed or other road conditions, center line, curbs, hills, pedestrians, location of debris from car, brakes, etc. Please include approximate speed & direction _____ of _____ travel:

5. Where were you coming from and going to? _____

6. Was any evidence of drinking, medication or drugs at the scene by either party? _____ Explain:

7. Were any citations issued? _____ Explain: _____

8. If the case is other than a vehicle accident, please state sequence of events, dates, times, identification _____ of _____ witnesses _____ and _____ other _____ specific _____ information:

VEHICLES INVOLVED

1. Car you were in: Make: _____ Year: _____ Color: _____
License No.: _____ Owner: _____
2. Other vehicle: Make: _____ Year: _____ Color: _____ License No.: _____
Owner: _____
3. Where is your vehicle located at this time? _____ Has it been repaired? _____ By whom: _____
_____ Have photographs been taken? _____ Who has the photographs?

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4. Do you know the location of the other vehicle at this time? _____ Where is it?
_____ Do you know if it has been repaired? _____ Have photographs been
taken of the damage? _____ Who has the photographs?

5. How did vehicles leave the scene? _____

6. Describe damage to vehicles: _____

PRODUCT INVOLVED (IF APPLICABLE)

1. Type of Product: _____

2. Manufacturer: _____

3. Model & Model Number: _____

4. Serial Number: _____

5. Year: _____

6. Where Purchased: _____

7. Costs: _____

8. Owner of Product: _____

9. Who Purchased Product: _____

10. When was Product Purchased: _____

DEFENDANT INFORMATION

1. Name: _____ Address: _____
Phone number: _____

2. Did the party admit being at fault at any time? _____ If so, please explain fully:

3. Do you know of anything else that the party may have said about this accident? _____ If so,
please describe fully:

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EVIDENCE

1. Do you know of anyone who has any photographs showing your injuries, damage to car, location of the accident or any other photographs relating to the case? _____ Who?

2. Were TV or other news crews at the scene? _____ Which ones:

3. Do you know of any diagrams, drawings or plats that were made in connection with this accident?

4. Do you know of any other evidence that may be obtained regarding this accident? (broken glasses, blood stains, etc.): _____
5. Who currently possesses the photographs or other evidence?

6. If you have them, we would like to have any or all of the following photographs:
 - a. Pictures of you before your injuries;
 - b. Pictures of you after your injuries; and
 - c. Pictures of the accident scene or property damage.

WITNESSES

1. At the time of the accident were you with anyone else? _____ If so, list their names and addresses and where they were at the time of this accident:

2. Do you know of any witnesses who actually saw the accident? _____ If so, give the following information for each: Name, address, where locate at time of accident:
 1. _____
 2. _____
 3. _____
 4. _____
3. Do you know of any witnesses who arrived after the accident or know something about the accident but did not actually see it happen? (tow truck driver, police officer, etc.) _____ If so, please give the following information: Name, address, phone number, age, occupation, what the person knows:
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____

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4. Please furnish the name and address of anyone who may know about your injuries. This would include family members, neighbors, friends, coworkers or anyone else who may know about your injuries or how they have affected you with regard to your hobbies, activities or physical condition in general. Please state name, address, phone number, age, occupation, what the person knows:
1. _____
 2. _____
 3. _____
 4. _____
 5. _____

F. INJURIES

The amount of recovery in this case will be affected by, among other things, the damages or expenses actually incurred as a direct result of the accident, such as hospital, doctor and drug expenses; damage to your automobile; aggravation by your injuries by doctors, erroneous treatment; loss of property such as glasses, watches, tools; and loss of wages. These are items of special damages as contrasted with compensatory or general damages such as pain and suffering, loss of future earnings, impairment of your earning capacity, etc.

1. Describe in detail what injuries you receive in this accident: _____
- _____
- _____
- _____
- _____
- _____
- _____

2. Was any previous injury or illness aggravated as the result of this accident? _____ Explain:
- _____
- _____

HOSPITALS

1. As a result of your injuries, were you in the hospital? _____ If so, please indicate the name of the hospital, the length of the hospitalization, the date and the reason for the hospitalization:
1. _____
 2. _____
 3. _____
 4. _____
2. Were you taken there by ambulance? _____

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MEDICAL/DENTAL

1. What medical doctors, dentists, chiropractors, physical therapists, or other doctors have examined or treated you as a result of this accident?

1. _____
2. _____
3. _____
4. _____
5. _____

2. Have any diagnostic tests been performed (X-rays, CT Scans, MRI, etc.) and if so, what kind:

3. Have any doctors told you not to work or to alter your hours or duties?

4. Have any insurance company doctors examined you? _____ If so, who and when?
_____ Do you have a copy of the report? _____

5. Have you used any of the following with regard to treatment (back or neck brace, crutches, traction, physical therapy, splints, pillows, wheelchair, other therapeutic devices etc.? Include dates):

6. As a result of the accident have you taken any aspirin, drugs, medication or any other prescriptions on the advice of a doctor? _____ If so, please furnish the following information:

<u>Drugs or Medication</u>	<u>Drugstore Where Purchased</u>	<u>Dates Taken</u>
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OTHER CARE RECEIVED

1. Have you had to have any special nurses or friends or others act as nurses in connection with this accident? (Are you able to feed, dress and bathe yourself without assistance?) _____ If so, please furnish the following information:

<u>Name of Person</u>	<u>Dates</u>	<u>Amount Paid</u>
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2. Have you had to hire or obtain anyone around the house as a result of this accident to help out. This would include babysitters, people who do washing, ironing, etc. _____ If so, please furnish the following information:

<u>Person</u>	<u>Dates</u>	<u>Nature of work done</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

G. EFFECTS OF INJURIES

In proving general damages for your case, it is necessary to know; how you have been affected as a result of your injuries.

ACTIVITIES

1. Now we want you to list here all your activities which you have not been able to perform well since your injury. The items listed below might be examples. Please circle them if they have been affected.

driving car	gardening	cooking
cutting grass	hunting/trapping	laundry
fishing	home repairs	dancing
bowling	sweeping/shovelling	making beds
shopping	church activities	caring for children
vacuuming	club activities	aerobics
walking	social activities	softball
doing dishes	volleyball	golf
swimming	racquetball	horseshoes
sewing	weight lifting	needlework/knitting
shaving	sex	washing hair
others: _____		

EMPLOYMENT/SCHOOL

1. With regard to your employment, we would like to know the exact work required, such as lifting boxes, driving truck, physical activity, etc. and the effect of the injury upon each work activity. Please furnish exact details. _____
- _____
- _____
2. If you were attending school at the time of the accident and lost time from school, please furnish the dates you lost time and the reason. Please further explain any other difficulties associated with attending school. _____
- _____

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OTHER EFFECTS

1. Were you ever confined in a bed at home as a result of this accident? If so, please furnish the dates that you were confined in bed and the reason.

2. Were you at anytime confined to your home or confined to your bed for any length of time after the accident? _____ If so, please furnish the dates and reasons for such confinement.

3. Please describe any other difficulties you have experienced as a result of this accident (inability to get insurance, difficulty with sleeping, sexual activity, emotions, driving, use of public transportation, weight gain, etc.). Please describe in detail.

H. MISCELLANEOUS

1. Have you received any awards or special recognition of any kind during your lifetime? _____ If so, please describe:

2. Can you think of anything that you have not already told us that may have some bearing on your case? _____ If so, please indicate:

3. In completing this questionnaire, have you thought of any information which we have not asked you which may be of some assistance to us in serving you? _____ If so, please indicate, no matter how silly, trivial or embarrassing it may seem.

I. COMMENTS
