

THE MELLOWITZ LAW FIRM

PERSONAL INJURY QUESTIONNAIRE

All information is privileged and confidential between you and your attorneys.

Today's date: _____

Full name: _____

Date of birth: ____/____/____

Social security number: ____ - ____ - ____

Address: _____

Home phone: (____) ____ - ____

Work phone: (____) ____ - ____

Mobile phone: (____) ____ - ____

E-mail address: _____

Facebook and other social media addresses: _____

Education (schools and degrees): _____

Military service (branch, rank and dates): _____

Your business or employer: _____

Marital status: _____

Names and ages of children: _____

If married, spouse's name: _____

Spouse's phone numbers and email: _____

Spouse's business or employer: _____

Date of injury: ____/____/____

Time of injury: _____

Location of injury:

Where were you going and where were you coming from:

Witnesses (including passengers) to the injury-causing event (names, phone, email, and addresses):

Who was driving? _____

Seatbelts or helmet used? _____

Speed of your vehicle? _____ Other vehicles? _____

How did the injury occur? (Use additional paper if necessary) (PROVIDE CRASH REPORT OR INCIDENT REPORT):

Who caused or is responsible for the injury, and why? _____

Statements by wrongdoer and witnesses at the scene (names and what said):

Photographs and/or video (names of person taking) (PROVIDE TO YOUR ATTORNEY):

Of the scene: _____
Of property damage: _____
Of injuries: _____

Describe your **injuries**: _____

List EACH ambulance, doctor, clinic, hospital and other health care provider which has treated you, including their names, addresses, telephone numbers, and the type of treatment:

Estimate of total medical expenses to date: \$ _____
(PROVIDE COPIES OF ALL BILLS AND PRESCRIPTIONS)

Anyone else injured (names and injuries):

Insurance companies.

The wrongdoer's insurance company and adjuster (names, phone, and claim number):

Your insurance company and adjuster (names, phone and claim number) (PROVIDE COPY OF POLICY):

Policy limits of your automobile insurance coverage: \$ _____
Medical payment coverage limits: \$ _____
Uninsured/underinsured coverage limits: \$ _____

Did you give a tape-recorded statement to an insurance company? If so, when and to whom?:

Gross income (before taxes) lost as a result of your injuries (PROVIDE LATEST PAY STUBS):

Estimated amount: \$ _____
Time period off work: _____

Gross income before injury: \$ _____ per _____
Gross income after injury: \$ _____ per _____

Employer: _____

Position and duties:

Employer's address: _____

Employer's telephone number: (____) _____ - _____

Are you currently working? Yes ___ No ___ Expect to return to work on ___/___/___
Will not return to work _____

Name and phone of supervisor:

Pain and other symptoms. Describe in detail as to type, intensity and frequency:

Describe all ways in which your life has changed as a result of your injuries. (For example, sports, social activities, jobs, chores, change in appearance, child care, etc.):

If married, describe all losses suffered by your spouse as a result of your injury (This includes loss of love and affection, household services, etc.):

Emotional damage and mental suffering from injuries:

Witnesses to your injuries, physical pain, and mental suffering (names, relationship, and phone numbers):

Previous similar injuries and medical conditions (describe type, dates and the names of medical providers who treated):

Previous lawsuits and insurance claims:

Previous falls and traffic collisions (dates and nature of injuries):

Criminal history of arrests and convictions:

Property damage (PROVIDE RECEIPTS AND ESTIMATES):

Type and amount: _____

Locations of damage: _____

Have you previously consulted an attorney regarding your case? Yes ____ No ____
If yes, provide the attorney's name(s), the firm name(s), the address(es), and the telephone number(s). _____

Is your relationship with the attorney ongoing? Yes ____ No ____

Questions you have about your case: _____

DIAGRAM how the injury-causing event occurred (traffic lanes, vehicle locations, location of fall, etc.). Include as many details as possible: