

General Information Questionnaire

(Privileged and Confidential)

PLEASE COMPLETE CAREFULLY. USE ADDITIONAL PAGES IF NECESSARY.

1. Personal and Family History

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? 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:

4. Place of birth _____ Date _____

5. Are you presently married? _____

Date of marriage _____ Place of marriage _____

Full name of spouse _____

Have you ever been divorced or legally separated? _____

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? _____ If so, give branch of service. _____

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?

If so, explain: _____

Do you have any service-connected injuries or disabilities? _____

If so, give details: _____

Percentage of disability _____

Present condition of service-connected injury or disability _____

Do you receive payments for service-connected injuries? _____

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. **Worker's Compensation**

Have you ever made a claim for Worker's Compensation? _____

If so, when was the date of your injury? _____

Are you receiving payments at present? _____

If so, explain: _____

Who is handling your Worker's Compensation action? _____

Are you receiving disability payments from any source other than Worker's Compensation at present? If so, explain:

13. Date of Injury or Accident

(If you are not certain about a specific date, please 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? _____

If so, list the dates you were unable to work. _____

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? _____ If so, give dates: _____

Name and address of hospital _____

b) Date _____ Nature of illness _____

Duration _____ Treated by _____

Hospitalized? _____ If so, give dates: _____

Name and address of hospital _____

c) Date _____ Nature of illness _____

Duration _____ Treated by _____

Hospitalized? _____ If so, give dates: _____

Name and address of hospital _____

Do you now, or have you ever had trouble with: eyes? _____ ears? _____

If so, give details:

Have you ever worn glasses? _____ an artificial eye? _____
a hearing aid? _____

If so, give details:

Have you ever worked with radioactive substances, asbestos or any other substance alleged to cause diseases, such as cancer?

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? _____

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? _____