

GENERAL LIABILITY QUESTIONNAIRE

Data for Complaint and Bill of Particulars

Date of Client Interview: _____

Recommended By: _____

Name: _____

Address: _____

Phone Number: _____ Occupation: _____

GENERAL INFORMATION

1. Date of Accident: _____

What is your full name? _____

D/B: _____ SSN: _____

Marital Status: _____ Name of Spouse: _____

Address of spouse: _____

Phone Number (Business) _____ Residence _____

If a minor, full name of parent _____

(His/Her) relationship to you: _____

(His/Her) address: _____

THE ACCIDENT-GENERAL LIABILITY FALLS, TRIPS, ICE AND SNOW

Exact Location _____

Weather _____ Defective Condition _____

Defendants: Name _____ Address _____

Name _____ Address _____

Description of accident: _____

ADDITIONAL BACKGROUND INFORMATION

We must know about your background because your educational background and physical history will have an important bearing upon your case.

1. Education: What education have you had, including any special employment training or training in skills? _____

2. Physical examinations: List every physical examination you have ever had during the last ten years, for example, promotion, insurance, selective service, armed forces, etc. State the date, name of the doctor and result, as fully as you recall.

Date _____ Place _____

Name of Doctor _____ Purpose of Exam _____

Result: _____

Date: _____ Place _____

Name of Doctor _____ Purpose of Exam _____

Result: _____

Date: _____ Place _____

Name of Doctor _____ Purpose of Exam _____

Result: _____

3. Other Accidents & Injuries: Failure to mention other accidents or injuries can undermine your lawsuit, no matter how trivial they may seem. List here every such accident 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.

Date _____ Place _____

Nature of accident or injury _____

Extent of Injuries _____

Date _____ Place _____

Nature of accident or injury _____

Extent of Injuries _____

4. Activities since the accident: If you suffered a serious injury in the accident, it is possible to opposing side already has taken or will in the future take motion pictures of you. This is done with a telescopic lens, so that you never know it has been done until he pictures are presented in court to show that you are able to do something which you have either denied or neglected to mention that you are able to do. List here all your usual activities which you have not been able to perform since the accident, such as cutting grass, etc.

5. Military Background: Have you ever been rejected for military service because of physical, mental or any other reason? _____

If so, explain _____

Have you ever had military service? _____, If so, what branch _____

Please state dates _____

Type of discharge _____ Any service-connected injuries _____

If so, explain & give details _____

6. Regarding this accident, please answer the following: Were pictures taken at the scene of the accident? _____ By whom _____ Where _____

Were you questioned by the police? _____ If so, what was the officer's name and of what police department was he a member _____

Did you give or sign a statement _____ For whom _____
When _____ Did you have a copy? _____

Name of person who interrogated you _____

Was anyone else present? _____ Did you sign papers? _____

Were you given a copy? _____

7. How did you leave the scene of the accident? _____

8. Witnesses: List the name, address and telephone number of all witnesses to the accident (person who saw or may have seen the accident and any other person who may be of assistance in testifying about your case, your injuries, or changes in activities since the accident:

Name

Address

Phone Number

DAMAGES

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

1. State in full detail, all injuries received as a result of this accident.

State your present physical condition, scars, deformities, headaches, pains, etc., due to injuries received in this accident.

2. List here all of your usual activities which you have not been able to perform or can only perform with difficulty since the accident, such as climbing stairs, ironing, cutting grass, dancing, lifting children, etc.

3. Hospitalization: List all hospitals in which you were examined or treated or to which you were admitted as a patient as a result of the injuries sustained in the accident, the dates, and the total costs:

Hospital _____ Address _____

From _____ to _____ Total Costs _____

Hospital _____ Address _____

From _____ to _____ Total Costs _____

4. Physicians and Surgeons: List the full name, address, and telephone number of each physician or surgeon who has examined or treated you for your injuries as a result of the accident, as well as the type, duration, and place of treatment or care:

Doctor's name _____ Address _____

Phone Number _____ Type of treatment _____

Total Costs _____

Doctor's Name _____ Address _____

Phone Number _____ Type of treatment _____

Total Costs _____

5. Drugs and Medicines: State the total cost to date of all drugs and medicines used and purchased by you, as a result of the accident, and from whom purchased.

6. X-rays: where taken, date and by whom.

7. Hire of nurses (do not state lump sum, but itemize as to name of nurse, address, number of days or weeks, dates and amount paid weekly).

8. The cost of domestic help hired as a direct result of the accident constitutes an item of special damage. For example, in the case of an injured homeowner or mother the cost of a baby-sitter, the cost of washing, ironing, etc., which you have hired someone to do, should be listed. State here the full name and address of all domestic help hired as a result of the accident, the type of work done, the number of days or weeks employed, the dates, the amount paid weekly, and the total amount paid to date.

8. continued

9. Special damages (other than medical) and source of proof (i.e., personal property which was damaged, lost or destroyed as a result of the accident, and any items not previously listed, such as crutches, clothing, watches, glasses, false teeth, aggravation of injuries by doctors' erroneous treatment, etc.) State the cost of the item:

10. Convalescent Expenses: In the event that you have been confined to a nursing home or other such place as a result of the accident, list here the full name of every such place, the address, the dates so confined and the total cost.

Convalescence Places

Address _____ From _____ to _____

11. Loss of earnings: State the length of time confined to bed as a result of the accident, including hospital confinement: _____

Confinement thereafter to house _____

Outside of the home _____

Time lost from work in case of homemaker or mother _____

State time partially lost of time partially disabled _____

State time lost from school in case of pupil _____

WORK BACKGROUND

The amount of your 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 accident? _____

If yes, state name and address of your employer. _____

2. What was your job title, or the type of work you were doing? _____

3. What was your rate of pay? _____

4. How many hours per week were you working regularly immediately prior to the accident. _____

5. When were you first employed by the company for which you were working at the time of the accident? _____

6. Have you remained in the same job since the accident? _____

If not, state the reason for the termination of your employment? _____

7. Have you missed any time from work as a result of your injury? _____

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

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

Did you before this accident lost time from work due to any injury or for any other reason? _____ If so, give details: _____

8. Did you lose wages for the periods of time missed from work due to this accident?

9. Have you had any increased or decreases in your pay since the accident? _____

If so explain? _____

10. If you changed jobs since the accident, give a summary of your present job, showing name and address of employer, rate of pay, hours, type of work, etc., _____

11. Have you filed federal or state income returns for the last three years?
