

PREFACE

The answers you give here will be held strictly confidential and kept confidential. If you wish, this booklet will be returned to you when your case has been concluded. Answer every question FULLY AND ACCURATELY. Our success in this case depends upon mutual confidence and complete cooperation between the client and attorney. It is imperative that as your attorney I know as much or more about you, your history and your activities, than the defendant WILL KNOW by the time your case goes to trial. You MUST ASSUME that the defendant will then know as much about you as you know yourself.

SURPRISE, at the trial, produced on your attorney by the defendant, because of an incorrect answer here, CAN RUIN YOUR CASE. That cannot happen, IF YOUR ATTORNEY KNOWS IN ADVANCE EVERY POSSIBLE MOVE THE DEFENDANT CAN MAKE, and has an opportunity to PREPARE YOU AND HIMSELF. Do not fail to answer the questions fully, even though it may be embarrassing, or you do not think it is important, or you cannot understand why it has anything to do with your case.

This booklet is divided into major headings. Although it may appear long and complicated, each question has some importance to your case. In each instance I have provided space for you to fill in the answer. The success of your case will be governed by your cooperation.

This booklet is written to gather information on outer injuries in the event your injury occurred in some other way. Please answer the questions, and give as much information about your injury as possible. I will follow up on these areas with specific questions tailored to your particular injury when we meet to discuss your case.

I. GENERAL INFORMATION

1. What is your full name? _____
Present Address: _____
Telephone Number _____. If you have no phone,
where can you possibly be reached by phone? _____
Social Security Number: _____
Driver's License Number: _____
2. List here addresses where you have resided during the past
ten years, and give the period of time at each residence,
including dates.
3. Have you ever used, or been known by any other name than that
shown above? If so, list each other name and state when and
why you used such name.
4. Where were you born? _____. (a) Date
of birth? _____; (b) Have you ever used any
birth place or birth date other than that shown
above? _____; (c) If so, list here each
such other birth date or birth place, and state when and why
you used each.
5. Are you married at the present time? _____. If so, what
is the full name of your wife or husband? _____.
6. List the names, ages and addresses of all those, including
children who are depended upon you for support, and your
relationship to each.

Name Address Age Relationship

7. Are you and your wife or husband living together at the present time? _____.
8. Have you been divorced or legally separated at any time? _____ . If so, from whom, when and where?

II. WORK BACKGROUND

The amount of your recovery in this case will be affected by the loss of earning and earning capacity, so please outline carefully your work background.

1. Were you employed at the time of the accident? If so, state name and address of your employer. _____
_____. Telephone number: _____.
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 that date? _____.
If not, state the reason for the termination of your employment, and the name, address and telephone number of your present employer.
7. Have you missed any time from work as a result of your injury? _____. If so, give dates you missed work because

of injury:

<u>Dates</u>	<u>Purpose For Missing Work</u>	<u>Length of Time</u>
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8. Did you lose wages for the periods of time missed from work?
_____. If so, state the total loss to-date:
9. Have you received any increases or decreases in your pay since the accident? _____. If so, explain, and please include any potential promotions that you may have been in line to receive or any other benefits that you may have become qualified for but failed to become qualified because of the accident:
10. If you have changed jobs since the accident, give a summary of your present job, showing name and address of employer, rate of pay, your type of work, etc.
11. List your employment record as far back as you can remember. Your past employment record is important in determining your disability from an occupational viewpoint. Begin with your last employer and work backwards as far as you can remember.
12. What did you earn in the last year prior to your accident?
13. Have you filed income tax returns for the last three years?
_____. (a) If so, where _____; (b) Do you have copies of them? _____; (c) Will the figure

shown in No. 12 be the same as shown in your return? _____.

III. BACKGROUND

We must know your background because your education and physical history will have an important bearing on the case.

A. **EDUCATION:** What education have you had, including any special work training? (Include any recent training).

B. **PHYSICAL EXAMINATIONS:** List here EVERY physical examination you have ever had, for employment, promotion, insurance, selective service, armed forces, etc., starting with the date, place, name of the doctor, and the result as fully as you can recall.

<u>Date</u>	<u>Place</u>	<u>Name of Doctor</u>	<u>Purpose</u>	<u>Result</u>
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C. **OTHER ACCIDENTS AND INJURIES:** Failure to mention other accidents or injuries can undermine your lawsuit, no matter how trivial they may seem. List here every such incident, whether it resulted in a claim for damages or not, stating date, place, nature of the accident and extent of your injuries. If none, state it.

<u>Date</u>	<u>Nature of Accident or Injury</u>	<u>Extent of Injury</u>
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D. **ILLNESSES:** 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 complaint. The defendant will have available at the trial, medical and hospital records, veterans records, insurance records, etc., complete history of your past physical condition.

<u>Against Whom</u>	<u>Nature of Claim</u>	<u>Suit Filed</u>	<u>Result</u>
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- F. POLICE RECORD: It is necessary for your attorney to know if you have any criminal record no matter how long ago, nor how mitigating the circumstances. That fact may prove embarrassing in court if your attorney should be unprepared for its presentation at the trial of your case. Most defense attorneys will not bring up a man's criminal record if they believe he will readily admit the facts when asked, since to do so will hurt rather than help the defense. However, if they believe that a man will deny conviction of a crime when the fact is otherwise, they will not hesitate to use it against him. The defense will make a complete investigation of your background, and we must be prepared against development of unfavorable evidence. List here every arrest and state the date, place, charge and results.

<u>Date</u>	<u>Place</u>	<u>Charges</u>	<u>Result</u>	<u>Confined</u>
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- G. ACTIVITIES SINCE THE ACCIDENT: If you suffered a serious injury in the accident, it is possible the opposing side already has 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 the 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 were able to do. List here all of your usual activities which you have NOT been able to perform since the accident, such as cutting grass, and recreational activities, such as golf, tennis, fishing, boating, etc.

- H. WITNESS: I believe that besides presenting medical evidence that describes your injury it is very important to have as witnesses, various people who have noticed the effects of your injuries in your every day life. Please list all of the people such as relatives, neighbors, co-workers, nurses, friends, etc., who might be able to compare your health before and after the accident.

<u>Name</u>	<u>Address</u>	<u>Telephone</u>	<u>Relationship</u>
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- I. DAMAGES: Please list all of the damages and expenses to date that are a result of your accident. Where possible, please include dates, address, and enclose the bills.
- J. PHOTOGRAPHS: If you have them, I would like to have any or all of the following photographs:
1. Pictures of you before the accident.
 2. Pictures of vehicle's damages.
 3. Scene of the accident.
 4. Pictures of your injuries -- if someone else (such as an insurance adjuster, friends, witnesses, or news photographer, let us know immediately so we can try to secure copies.
- K. INSURANCE INFORMATION: Please send us:
1. Your automobile policy or a copy thereof.
 2. Your homeowner's liability policy, or a copy thereof.
 3. Your Blue Cross or other hospitalization insurance policy or a copy thereof.
 4. Policies of any group insurance or special insurance such as a newspaper insurance, accident insurance, etc.
 5. Give me a list of all other insurance policies issued to any other members of your family or household. This last item is very important.
- L. You should send to me immediately any subsequent bills for repairs to your car, doctors' bills, medication, braces, transportation to and from hospitals, doctors' offices, etc., household help required, baby sitters, etc.
- M. In my office prior to trial there may be several attorneys working on your case. One of us will be assigned the primary responsibility for preparing the case, but if you need help, any of the attorneys in my office can help you. IF YOU NEED TO CONSULT AN ATTORNEY

PERSONALLY, regarding your case, be SURE to call me or my secretary for an appointment BEFORE COMING TO THE

OFFICE. This will save your time and mine. It is assumed, of course, that they will be taking information as to the "accident", the "nature of the injuries", and "medical and hospital treatments", and ADDITIONAL DAMAGES AND OTHER INFORMATION. Please list here any additional damages you may have suffered or theories that you may want to inform me of or any other information you feel would be helpful to me in prosecuting this case on your behalf.