# General Information Questionnaire (Privileged and Confidential)

*Note to Attorney: Questions 1-12 in this questionnaire are designed to be useful in most civil and criminal representations. Questions 13-20 should be added when screening prospective personal injury litigation clients. The questionnaire can be completed by the attorney during a first meeting with prospective clients or mailed to the client in advance and reviewed at a first meeting.*

## PLEASE COMPLETE CAREFULLY. USE ADDITIONAL PAGES IF NECESSARY.

1. **Personal and Family History**

Full name Social Security Number Present home address

Home Telephone: Cell: Fax:

Personal email: Work email:

1. 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:
2. State the addresses where you have resided during the past 10 years, and the period of time at each residence, including dates:
3. Place of birth Date
4. Are you presently married?

Date of marriage Place of marriage

Full name of spouse Have you ever been divorced or legally separated?

1. 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

## Employment History

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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

## Educational Background

What education have you had, including any special job training?

## 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?

## 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:

1. Date Nature of claim

Against whom Suit filed?

Result

1. Date Nature of claim

Against whom Suit filed?

Result

1. Date Nature of claim

Against whom Suit filed?

Result

## 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:

1. Arrest date Arrest place Charge Court Case number Outcome
2. Arrest date Arrest place Charge Court Case number Outcome
3. Arrest date Arrest place Charge Court Case number Outcome

## 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:

## 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:

## Prior Physical Examinations

List here EVERY physical examination you have ever had during the last five years, for any purpose, including employ- ment, promotion, insurance, selective service, armed forces, etc. State date, name of doctor, and result, as fully as you can recall.

1. Date Place Name of doctor Purpose Result
2. Date Place Name of doctor Purpose Result
3. Date Place Name of doctor Purpose Result

## Prior Accidents and Injuries

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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:

## 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.

1. Date Nature of illness

Duration Treated by

Hospitalized? If so, give dates:

Name and address of hospital

1. Date Nature of illness

Duration Treated by

Hospitalized? If so, give dates:

Name and address of hospital

1. 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?

## 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.

## 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:

## List all physicians and surgeons you have seen for your injury/injuries.

1. Name Address Nature of treatment Still under care?
2. Name Address Nature of treatment Still under care?
3. Name Address Nature of treatment Still under care?
4. Name Address Nature of treatment Still under care?
5. Name Address Nature of treatment Still under care?

## List all nurses, therapists or other health care professionals that you have seen.

1. Name Address Nature of treatment Still under care?
2. Name Address Nature of treatment Still under care?
3. Name Address Nature of treatment Still under care?