

Law Offices of Kirby and Kirby
File#: **KK**
2614 Artesia Blvd
Redondo Beach, CA 90278

PERSONAL INJURY
INFORMATION QUESTIONNAIRE

PERSONAL INFORMATION

Full Name _____

Present Home Address _____

Present Business Address _____

Home Phone _____ Business Phone _____

Email Address: _____

Contact Person (in the event we are unable to reach you and we need to get a message to you): _____

Address _____

Phone _____

Drivers License Number _____ Class ____, Has your Drivers License ever been revoked/suspended? _____ If so, please explain _____

Have you ever used, or been known by, any other name than that shown above? If so list here each such other name, and state when and why such other name was used:

State the addresses where you have lived during the past ten years, and the period of time at each residence, including dates: _____

Place of birth _____ Date _____

Have you ever used any other date or place of birth? _____

If so, give details:

Are you presently married _____
Date of Marriage _____ Place of Marriage _____

Full Name of Spouse

Have you ever been divorced or legally separated? Yes No
If so, please specify names, dates and the state the divorce or separation was
filed _____

List the names, ages, and addresses of all those persons (including children) who are
dependent upon you for support and your relationship to each:

Name	Address	Age	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What year did you last file an income tax return?

ACCIDENT INFORMATION

Date & Time of Injury or Accident:

Location of Accident/ Injury _____

3. Briefly describe how the accident occurred

Did the Police Department Investigate this accident? _____ If so, please state which Police Department was involved : _____

Police Report No.: _____

Tel contact number: _____

Please describe fully the vehicle that you were driving or occupying at the time of the accident; _____

(If available to you, please provide a copy of the current registration to this vehicle).

Has your vehicle been repaired _____ If so, what was the cost of Repairs \$ _____

Who paid for the Repairs _____

Where were the Repairs done _____

Where is your vehicle located now?:

Please set forth the full name, address and telephone number of your Motorcycle or Automobile Insurance Carrier at the time of the accident

What is the **Policy Number** _____

(If available to you, please attach a copy of the Declaration Page for the Policy in effect at the time of the accident).

Insurance Claim# _____

Insurance Adjuster Name: _____

OTHER PARTY INVOLVED IN ACCIDENT

Names, address & telephone Number of **other PARTY** involved in the Accident or Injury: _____

OTHER PARTY'S Insurance Company Name;

Policy#: _____

Adjuster Name: _____

Claim#: _____

Telephone#: _____

YOUR HEALTH INSURANCE

Please set forth the full name, address and telephone number of your **Health Insurance Carrier** at the time of the accident

What is the Policy Number _____

Primary Physician: _____

3b. If you receive Medical or Health Benefits as a result of MediCare, MediCal or receive SSI, or any other form of public assistance, please set forth all public benefits you are currently entitled to receive _____

Employment History

Social Security Number _____

a) Most Recent Employer: _____

Address _____

Ending Date _____ Beginning Date _____

Job Classification _____

Beginning pay rate _____ Ending pay Rate _____

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 _____

Reason(s) for leaving _____

b) Employer prior to last listed _____

Address _____

Ending Date _____ Beginning Date _____

Job Classification _____

Beginning pay rate _____ Ending pay Rate _____

Educational Background

What Education have you had, including any special job training? _____

Military Background

Have you ever been rejected for military service because of physical, mental or other reasons _____. If so please explain _____

Have you been in the military service:

If so, give service number _____

Date & Type Discharge _____

Dates of service _____

Have you any service- connected injuries or disabilities? _____

If so please give details _____

Percentage of disability _____

Prior Claims or Lawsuits

Many cases have been damaged beyond repair by a history or 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 ever made for personal 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 _____

Police Record

It is the law in this state, and elsewhere, that if a person has a criminal record, no matter how long ago no matter how mitigating the circumstances, that fact may be proven against the person and commented on at trial. Most defense attorneys will not bring up a persons criminal record if they believe the facts will be readily **ADMITTED** when asked, since to do so will hurt rather than help, the defense. However, if they believe that conviction for a crime will be **DENIED** when the fact is otherwise they **WILL NOT HESITATE** to use it against you. The defense will make a complete investigation of your background and we must be **PREPARED** against development of unfavorable evidence. List here any arrests/convictions and state the date, please, charge and result.

Workers Compensation

Have you made a claim for Workers Compensation _____

If so, when was the date of your injury _____

Are you receiving payments at present _____

If so explain _____

Who is handling your Workers Compensation action _____

16. Are you receiving payments from any source other than Workers Compensation at present including social security, disability, or welfare)

If so please explain _____

Prior Physical Examinations

List here **EVERY** physical examination you ever had during the last ten 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 _____

Prior Accident 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:

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. The defendant will have available at the Trial, by medical and hospital records, veteran's records, insurance records, etc, a complete history of you past physical condition

a. Date _____ Nature of Illness _____

Duration _____ Treated By _____

Hospitalized? _____
If so give dates _____

Names and address of hospital _____

b. Date _____ Nature of Illness _____

Duration _____ Treated By _____

Hospitalized? _____ if so give dates _____

Names and address of hospital _____

c. Date _____ Nature of Illness _____

Duration _____ Treated By _____

Hospitalized? _____ if so give dates _____

Do you now or have you ever had trouble with: Eyes _____ Ears _____
If so, give details _____

Have you ever worn glasses _____ an artificial eye? _____ Hearing Aid _____
If so give details _____

Have you ever worn a brace or a back or neck support? _____
If so give details _____

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

Have you ever been denied life or health insurance? _____
If so by which company and why _____

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 hospital, emergency rooms, physicians and surgeons you have seen for your injury/injuries including ambulance and all other medical providers.

Name: _____

Address: _____

Nature of Treatment: _____

Still under care?: YES/NO Amount of Bill \$ _____

Name: _____

Address: _____

Nature of Treatment: _____

Still under care?: YES/NO

Amount of Bill \$_____

Name: _____

Address:

Nature of Treatment: _____

Still under care?: YES/NO

Amount of Bill \$_____

Internet

Do you have a website including but not limited to Myspace, Facebook, Twitter or any other type of social/networking site? _____

If so, please list the address/screen names of each site to which you belong:

If an internet search were performed, what would it reveal about yourself?:

