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**PERSONAL INJURY QUESTIONNAIRE**

In order to effectively represent your legal interests, we need **honest**, **accurate**, and **complete** answers to the questions listed below. Please carefully respond to the best of your ability. The failure to do so may severely compromise your claim and/or result in this firm's immediate withdrawal.

**A. Client Identification**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State and Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_  
Date Of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Marital History \_\_\_\_\_

**B. Employment History**

Occupation \_\_\_\_\_  
Employer's Name, Address And Telephone Number \_\_\_\_\_  
\_\_\_\_\_  
Immediate Supervisor's Name \_\_\_\_\_  
Salary Or Hourly Rate \_\_\_\_\_  
Number Of Hours Worked Before And After Incident \_\_\_\_\_  
Total Amount Of Work Missed As A Result Of This Incident \_\_\_\_\_

**C. Your Health Insurance Coverage**

Name Of Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_  
Insurance Agent's Name, Address And Telephone Number \_\_\_\_\_  
\_\_\_\_\_

**D. Incident Facts:**

**E. Witnesses**

List All Witnesses:

1. Witnesses\* \_\_\_\_\_  
\*Give The Name, Address, And Telephone Number Of Each Witness

2. Witnesses\* \_\_\_\_\_  
\*Give The Name, Address, And Telephone Number Of Each Witness

3. Witnesses\* \_\_\_\_\_  
\*Give The Name, Address, And Telephone Number Of Each Witness

**F. Injuries**

Describe Nature Of Injuries \_\_\_\_\_  
\_\_\_\_\_

Photographs? \_\_\_\_ Yes \_\_\_\_ No

Any Serious Pre-Existing Medical Problems? \_\_\_\_ Yes \_\_\_\_ No

Did Your Injury Aggravate Any Pre-Existing Medical Problems? \_\_\_\_ Yes \_\_\_\_ No

If So, Please Explain: \_\_\_\_\_  
\_\_\_\_\_



How Have These Injuries Changed Your Lifestyle? BE SPECIFIC- THIS INFORMATION IS VITAL!!

- a) Generally
- b) Sexual Activities
- c) Social/Recreational Activities
- d) Job-Related Activities
- e) Household-Related Activities

Please Provide The Names Of All Doctors and/or Facilities Who Have Treated You Since This Incident:

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

**G. Other Helpful Information**

Have You Ever Been in Any Other Accidents in Which You Suffered Injuries That Led To Any Medical Care, Consultation, Exams or Treatment?  Yes  No If Yes, Please Explain the Circumstances \_\_\_\_\_

Have You Ever Made a Claim Against Any Person or Organization for Damages to Your Person or Property?  Yes  No If Yes, Please Explain the Circumstances \_\_\_\_\_

Have You Ever Been a Party to a Lawsuit?  Yes  No If Yes, Please Explain the Circumstances \_\_\_\_\_

Have You Ever Been Arrested and/or Convicted of a Crime?  Yes  No

If Yes, Please Explain: \_\_\_\_\_