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**ATTORNEY QUESTIONNAIRE  
PERSONAL INJURY - PREMISE**

Privileged & Confidential

**ATTORNEY INFORMATION**

Attorney Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Firm: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

In order for us to make our own independent evaluation we request your firm answer the questions below. In addition, please mail or fax the documents requested on Page 4.

**CLIENT INFORMATION**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
City: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ SSN: \_\_\_\_\_  
Education Level:  GED  High School  Some College  College  Other: \_\_\_\_\_  
Criminal Record:  Yes  No Explain: \_\_\_\_\_

**ACCIDENT INFORMATION**

Date of Accident: \_\_\_\_\_  
Details of Case: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Alcohol/Drugs Admissible As Evidence?  Yes  No

**DAMAGES**

Extent of Injuries: \_\_\_\_\_

Medical: To Date: \$ \_\_\_\_\_ Future: \$ \_\_\_\_\_

Lost Wages: To Date: \$ \_\_\_\_\_ Future: \$ \_\_\_\_\_

Was there an IME done?  Yes  No

MMI Reached:  Yes  No PPD?  Yes  No \_\_\_\_\_%

If not, when is MMI anticipated? \_\_\_\_\_

Previous Injuries?  Yes  No Explain: \_\_\_\_\_

Prior PPD?  Yes  No Explain: \_\_\_\_\_

Prior Settlements:  Yes  No Explain: \_\_\_\_\_

**LIABILITY**

Negligent Party(s)

Insurance Company(s)

Name: \_\_\_\_\_

Insurer: \_\_\_\_\_

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

Policy Limits: \_\_\_\_\_

Name: \_\_\_\_\_

Insurer: \_\_\_\_\_

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

Policy Limits: \_\_\_\_\_

Other injured parties?  Yes  No Explain: \_\_\_\_\_

Has liability been established and/or admitted?  Yes  No

If yes, please explain: \_\_\_\_\_

If insurance is inadequate, does Negligent Party(s) have adequate financial resources to cover payment?

Yes  No Comments: \_\_\_\_\_

**LIENS FILED TO DATE**

<b>Type of Lien/Claim</b>	<b>Lien Holder</b>	<b>Amount</b>
Medical Liens: <input type="checkbox"/>	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
Subrogation Claims: <input type="checkbox"/>	_____	\$ _____
Child Support Liens: <input type="checkbox"/>	_____	\$ _____
Alimony Liens: <input type="checkbox"/>	_____	\$ _____
Tax Liens: <input type="checkbox"/>	_____	\$ _____
Other: <input type="checkbox"/>	_____	\$ _____

**CASE EVALUATION**

Please note that this will not be revealed to anyone including your client and that we understand that you are offering no proffers of guaranty or opinion as it pertains to the viability of this case.

Is this case taken on a contingency fee basis:      \_\_\_ Yes \_\_\_ No      Hourly Rate: \$ \_\_\_\_\_

What is your estimated value of this case:      \$ \_\_\_\_\_

Probability case will settle for this amount:      \_\_\_\_\_%

Requested punitive damages (if applicable):      \$ \_\_\_\_\_

Requested compensatory damages:      \$ \_\_\_\_\_

Estimated date of settlement:

- |                   |                    |
|-------------------|--------------------|
| ___ 30 Days       | ___ 12 Months      |
| ___ 31 to 60 Days | ___ 24 Months      |
| ___ 61 to 90 Days | ___ Over 24 Months |
| ___ 6 Months      |                    |

What is your theory of liability? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What are the strengths of this case? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

