

Client Name: _____

Date: _____

Personal Injury Questionnaire

Please fill out this questionnaire and return it as soon as possible. It is important that your answer each question fully. It is imperative that you be candid!

You should answer all questions relevant to your case. If a question does not apply to your particular situation, please indicate by marking the question "N/A." If the answer to any question requires more space than has been provided on the form, please complete your answer on a separate sheet. Refer to the question number to which your answer applies and attach your answer to this questionnaire.

Your Response to these questions will help to organize your case and will save you money on attorney's fees in trying to gather and assemble information after the case is in progress. Since your answers are being made to an attorney, you are assured of confidentiality and are protected by the attorney-client privilege.

NOTICE OF CONFIDENTIALITY

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AS PROVIDED IN THE TEXAS RULES OF EVIDENCE.

THE CONTENTS OF THIS DOCUMENT CONSTITUTE ATTORNEY WORK PRODUCT.

THE CONTENTS OF THIS DOCUMENT ARE CONFIDENTIAL AND ARE NOT TO BE DISCLOSED TO THIRD PERSONS OTHER THAN THOSE TO WHOM DISCLOSURE IS MADE IN FURTHERANCE OF THE RENDITION OF PROFESSIONAL LEGAL SERVICES at Hayes, Rode & Carrillo, P.L.L.C.

HOW DID YOU HEAR ABOUT US?

- I am a former client
- A friend by the name of _____
- Another attorney by the name of _____
- The internet (please specify the website: _____)
- Other: _____

I. Please provide the following information about yourself:

- A. Name: _____
- B. Date of Birth: _____
- C. Driver's License No.: _____
- D. E-mail Address: _____

II. Please provide the following information regarding your contact information:

- A. Street Address: _____
- B. City: _____
- C. State: _____
- D. Zip Code: _____
- E. County of Residence: _____
- F. Home Telephone : _____
- G. Cellular telephone: _____

III. Please complete the following concerning your employment:

- A. Employer: _____
- B. Job title: _____
- C. Address: _____
- D. Telephone number: _____
- E. May we call you at work: _____

IV. Accident Information for Client:

- A. Date of Incident: _____
- B. Were you injured? (If so, describe the injuries) _____

- C. Did you seek medical attention? _____

- D. Were you transported by ambulance? _____
- E. If you sought medical attention, provide the name and address of the facility: _____

- F. Are you seeing a doctor now? (List all Dr.'s name/address/number) _____

- G. Were you wearing a seatbelt? _____
- H. Name of Officers & Agencies that Responded (if any): _____

- I. Was an accident or incident report filed? _____
a. If yes, please provide the report number: _____
- J. Describe Damage to Vehicle: _____

- K. Did you take photos of the incident? _____
- L. Do you have car insurance? _____
- M. Do you have any prior physical problems before the accident: _____
- N. If you had any prior physical problems, please describe them: _____

- O. Do you anticipate any loss of earnings, due to accident related injuries?

- P. Have you given a recorded statement to anyone? _____

V. Passenger/Companions (if applicable)

- A. Were there any passengers in your vehicle at the time of the accident? (If so, please provide their name, address and phone number) _____

- B. Did any passengers sustain any injuries? (If so, please provide their name, address, phone number) _____

- C. Did any passengers seek medical attention? _____

- D. If a passenger sought medical attention, please provide the name of the facility where they were treated: _____

VI. Information about the Other Driver:

- A. Street Address: _____
- A. City: _____
- B. State: _____
- C. Zip Code: _____
- D. Residence telephone: _____
- E. Vehicle Make/Model/Year: _____
- F. Do they have car insurance (If so, list their provider): _____

- G. Was the other driver injured: _____
- H. Were there passengers in the other driver's vehicle? _____