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Instructions

It is essential that we obtain all of the information asked about in the following questions so that we may properly evaluate your claim. For several of the questions, we have provided space on this form for your answers. For many of the questions, it will be necessary to write your answers on separate pages.

We will spend some time reviewing the questionnaire at our initial meeting; therefore, if you do not understand what is being asked, either call us or make a note so we can discuss it when we meet.

Your cooperation in answering these questions is deeply appreciated.

[Individual]

CLIENT QUESTIONNAIRE

A. Information about you:

1. Name _____

2. Address _____

3. Telephone: (Day) _____ (Night) _____ zip code _____

4. Spouse's name _____

5. Children's _____

names _____

and ages _____

6. Occupation _____

7. Spouse's occupation _____

[Business]

CLIENT QUESTIONNAIRE

A. Information about you and your company:

1. Name of Business_____

2. Address_____

_____ zip code

3. Telephone:_____

4. Type of organization:

- _____Sole proprietor
- _____Partnership
- _____Limited Partnership
- _____Professional Association
- _____Corporation

5. Your name_____

6. Your address_____

_____ zip code

7. Telephone: (night)_____

8. Who owns the business? (Give name, address and percentage of ownership)

9. If your business is a corporation:

(a) What are the names of the members of the Board of Directors?

(b) Who are the officers of the corporation?

President:_____

Vice-President:_____

Secretary: _____

Treasurer: _____

(c) Are the corporation's franchise tax payments current?

Yes No

10. If your business is a partnership:

(a) Who is the managing partner(s)?

(b) Who are all of the partners and what percentage interest
is owned by each?

11. What type of business are you involved in?

B. Other attorneys:

Please answer the following questions in this section if you have talked to another attorney about your claim:

1. What is the name, address and telephone number of the attorneys to whom you have spoken about your claim:

2. Was any written or verbal agreement made with any attorney concerning your claim?

Yes No

If you have answered "yes" to question number 2 above,

(a) Is the agreement still in effect?

Yes No

(b) If the agreement is not still in effect, why not?

3. Have you been or do you expect to be billed by the attorney for any fees or expenses?

Yes No

C. Prior legal involvement:

1. Have you been involved in any prior lawsuits? Yes No
2. If you answered question number 1 "yes," please list on a separate page all prior lawsuits in which you have been involved and include the following information for each:
- (a) the names of the parties to the lawsuit
 - (b) the type of case
 - (c) the outcome of the case
 - (d) the name of your attorney in the case

D. Nature of your claim:

In a few sentences, please describe the type of claim that you have.

E. Opposing party(ies)

On a separate page, please list the full name, address (with zip code) and telephone number of every person against whom you believe you have a claim that we should pursue. Include in your list a brief statement as to why you believe you have a claim against each person.

F. Fact witnesses

On a separate page, please list the full name, address (with zip code) and telephone number of every person who has any knowledge or information about your case or any of the damages you have suffered, regardless of how little or how much the person knows, and describe briefly those facts known to each person.

G. Expert witnesses

On a separate page, please list the full name, address and telephone number of any experts to whom you have talked about your claim. After each name, please put the person's area of expertise. And, if the expert has provided you with any type of written report, please bring the report to our conference.

H. Damages

List each loss you have suffered, describing (1) what the loss is and (2) the amount of the loss. If you do not know the amount of the loss, please estimate the amount as best you can.

Item/Description	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

I. Mental anguish

Many times our clients have suffered mental anguish as a result of the transactions in which they have been involved. Take a few minutes and think through the following questions and then answer each one to the best of your ability.

(1) Have you been examined or treated by a physician, psychologist or other health care professional for depression, anxiety, or other psychological symptoms which were caused, in whole or in part, by the conduct of the opposing party?

Yes No

(2) If you have answered part (a) "Yes," list the name, address and telephone number of the health care professional(s) who provided the examination or treatment.

(3) Are you taking any kind of medication for the treatment or control of the psychological symptoms? If so, what is the name of the medication, the dosage and the frequency with which it is taken?

(4) Regardless of whether you have been treated or examined by a health care professional, have you experienced any of the following symptoms which you think are or were caused by the conduct of the opposing party(ies). If "Yes," place a check mark by the symptom:

_____ Change in sleep patterns (sleep more, sleep less)

_____ Change in eating habits (eat more, eat less)

_____ Frequent feelings of depression, inadequacy, failure

_____ Change in relationship with spouse or children
(irritable, less intimacy, etc.)

_____ Change in ability to concentrate on daily routine

_____ Other changes in behavior (please specify below):

H. Diary of events

This is the last question, but it is the most time consuming of all and, quite possibly, the most important of all.

Beginning with the first event or conversation that you recall about your case, write a detailed account of your claim, including each thing that has happened and each thing that has been said or done to you and each thing that has been said or done by you. Include dates as best you can remember. If you do not recall an exact date, estimate when it was. If you remember the exact words of conversations, use them. If you do not recall the exact words used, then write out the substance of the words spoken. Give special attention to all of your conversations and correspondence with the other side. The more detailed your diary is, the better.

Be sure to include in your diary every act or omission of the other side that you feel caused you harm or damages.

Please write legibly. Use as many pages as are necessary.

The diary does not need to be completed by the time of our meeting; however, if you are able to complete it by that time, it will be very helpful.