**Send this information to Basil@reasonable-doubt.com**
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Personal Injury Supplement
General Questionnaire - Use this form and complete any additional forms requested.

Your name:_____

Business name / Employer:_____

Job Title:_____

Date of Birth:_____

General State of Health:_____

Social Security Number:_____

Your email:_____

Your phone:_____

Your Cell:_____

Office Tel:_____

Fax:_____

Address: _____

City: _____

State: _____

Zip: _____

The Opposing Party (If someone is against you or may have any conflict with you) Use additional pages if necessary.

Name:_____

Telephone:_____

Second Telephone:_____

Address: _____

City: _____

State: _____

Zip: _____

The general type of legal matter involved. Please check all which may apply:

**Litigation:**

DATE:
When did your right to recover start and when did you first learn of it? _____

_____

LOCATION
Defendant does business, or resides in, or transaction/event took place in, or real estate located in, or the matter involves, or litigation filed in: (check all which apply)

| | | | |
|---|---|---|---|
| □ | Dallas County | □ | Tarrant County |
| □ | Denton County | □ | Wise County |
| □ | Collin County | □ | Parker County |
| □ | Johnson County | □ | DFW Metroplex County: _____ |
| □ | McLennan County (Waco) | □ | Bexar County (San Antonio) |
| □ | Travis County (Austin) | □ | Harris County (Houston) |
| □ | Other:_____ | □ | Other State:_____ |

☐ Other Country:_____

PERSONAL INJURY

| | | | | | |
|---|---|---|---|---|---|
| ☐ | Animal Attack | ☐ | Assault | ☐ | Intentional Tort |
| ☐ | Attractive Nuisance | ☐ | Injured Child | ☐ | Swimming Pool |
| ☐ | Machine / Equipment | ☐ | Dangerous Product | ☐ | Dangerous Drug |
| ☐ | Automobile | ☐ | You were ticketed | ☐ | They were ticketed |
| ☐ | Driver | ☐ | Passenger | ☐ | Innocent Bystander |
| ☐ | Alcohol a factor | ☐ | You hit from behind | ☐ | You were hit from behind |
| ☐ | Personal Injury | ☐ | Property Damage | ☐ | Police Investigation |
| ☐ | They had insurance | ☐ | Uninsured | ☐ | Underinsured |

☐ Date _____

☐ Intersection (address and city)_____

_____

☐ Their Insurance Information:_____

_____

☐ Accident Report Number _____

☐ Work Related for you
☐ Work related for them

☐ Medical Malpractice _____

☐ Nursing Home Negligence _____

| | | | | | |
|---|---|---|---|---|---|
| ☐ | Slip and Fall | ☐ | Negligent Security | ☐ | Property Condition |

| | | | | | |
|---|---|---|---|---|---|
| ☐ | Ambulance transported injured | | | ☐ | Helicopter Care-flight |
| ☐ | Death | ☐ | Brain Damage ☐ | Internal Injuries | |
| ☐ | Broken Bones | ☐ | Severe Injury | ☐ | Moderate Injury |
| ☐ | Soft Tissue | ☐ | Back Injury | ☐ | Neck Injury |
| ☐ | Mental Distress | ☐ | Loss of Consortium | ☐ | Loss of Work |
| ☐ | Nerve Damage | ☐ | Pain | ☐ | Other _____ |

☐ Other: _____

_____

_____

PROBATE

| | | | |
|---|---|---|---|
| ☐ | Guardianship of Estate | ☐ | Guardianship of Person |
| ☐ | Involuntary Commitment | ☐ | Other Guardianship_____ |
| ☐ | Probate Texas Will | ☐ | Probate Foreign Will |
| ☐ | Muniment of Title | ☐ | Will Contest |
| ☐ | Application to determine heirship | ☐ | Dependent Administration |
| ☐ | Partition | ☐ | Independent upon agreement |
| ☐ | Small Estate | ☐ | Other:_____ |

WITNESSES

Write the name, address, telephone number, and what they may know for each witness.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

DOCUMENTS and INSTRUMENTS

For each of the following items, state:

| If they exist | Check if we have a copy | Where to find original & cost |
|---|---|---|
| _____ | __ Police investigative report | _____ |
| _____ | __ Police photographs | _____ |
| _____ | __ Insurance adjuster photographs | _____ |
| _____ | __ Current photographs | _____ |
| _____ | __ Newspaper accounts | _____ |
| _____ | __ Newspaper photographs | _____ |
| _____ | __ Incident reports by defendant | _____ |
| _____ | __ Fed. government investigations | _____ |
| _____ | __ State government investigations | _____ |
| _____ | __ Local government investigations | _____ |
| _____ | __ Bureau of Vital Statistics data | _____ |
| _____ | __ Federal Census data | _____ |
| _____ | __ Consumer Safety Commission data | _____ |
| _____ | __ Driving Record | _____ |

Professional Records:

| | | |
|---|---|---|
| _____ | __ Hospital | _____ |
| _____ | __ Medical physician | _____ |
| _____ | __ Psychiatrist | _____ |
| _____ | __ Mental institution | _____ |
| _____ | __ Osteopathic physician | _____ |
| _____ | __ Dentist | _____ |
| _____ | __ Chiropractor | _____ |
| _____ | __ Massage therapist | _____ |
| _____ | __ Physical therapy | _____ |
| _____ | __ Pain clinic | _____ |
| _____ | __ Psychologist | _____ |
| _____ | __ Pharmacist | _____ |
| _____ | __ Physiatrist | _____ |
| _____ | __ Protheses | _____ |
| _____ | __ Morgue | _____ |
| _____ | __ Pathologist report | _____ |
| _____ | __ Nursing home | _____ |
| _____ | __ Other _____ | _____ |
| _____ | __ Other _____ | _____ |
| _____ | __ Other _____ | _____ |
| _____ | __ Other _____ | _____ |
| _____ | __ Other _____ | _____ |

Transcripts:

| | | |
|---|---|---|
| _____ | __ High school | _____ |
| _____ | __ College | _____ |
| _____ | __ Professional school | _____ |
| _____ | __ Seminar & CE | _____ |
| _____ | __ Certification and Licenses | _____ |

Lost Earnings and Earning Capacity:

| | | |
|---|---|---|
| _____ | __ Payroll record | _____ |
| _____ | __ Employer's statement | _____ |
| _____ | __ Employment consultant's records | _____ |
| _____ | __ Employment agency records | _____ |
| _____ | __ Insurance applications | _____ |
| _____ | __ Income Tax | _____ |
| _____ | __ Tax Returns | _____ |
| _____ | __ W-2 Forms | _____ |
| _____ | __ 1099 Forms | _____ |
| _____ | __ Social Security | _____ |
| _____ | __ Military records (201 file) | _____ |
| _____ | __ Check stubs | _____ |
| _____ | __ Cancelled checks | _____ |

Property Damages:

| | | |
|---|---|---|
| _____ | __ Automobile repair records | _____ |
| _____ | __ Estimate of repairs | _____ |
| _____ | __ Estimate of repairs | _____ |
| _____ | __ Estimate of repairs | _____ |
| _____ | __ Estimate of repairs | _____ |
| _____ | __ Damage to personal property | _____ |
| _____ | __ Appraisal reports | _____ |
| _____ | __ Title to vehicle | _____ |

Other:

_____

_____

_____

_____

_____

_____

STATUS OF INJURED PARTY
___ ICU ___ Hospital ___ Nursing Home ____ Home ___ Bed ___ Chair ___ Walker/cane

Detail injuries to each area of body and to the mind
Restrictions

Diagnosis

Prognosis

Other

PRIOR HEALTH CARE/CLAIMS
(Include names, insurance companies, dates, names of physicians, list any recovery and places)
Prior injuries

Prior illnesses

Prior suits and claims

Potential effect of prior illness or injury to current claim and injury/damage.

HEALTH CARE FOR CURRENT DISABILITY
Name, addresses, telephone number, other identification of health care providers and facilities.

Physicians
Chiropractors
Hospitals
Nursing Homes
Paramedics
Nurses
Psychologists

Counselors
Hospitals
Nursing (include furnished free by family/friends)
Massage
Medicine
X-Rays
Tests
Surgical Procedures
Therapy
Rehabilitation
Prostheses
Other

PHYSICAL PAIN AND SUFFERING - PAST & FUTURE

List each area of pain and describe its type, frequency and severity

What medications are taken for pain

Frequency of medication

Times when medication is most needed

Ask the doctor and write what the doctors said about future pain (based upon reasonable medical probability)

Keep medication bottles and containers.

Please List all:

Change in sleep habits

Change in body weight

Change in skin tone

Change in personal relationships (family, friends, lovers, co-workers, etc.)

Change in work habits

Change in usual home routine

Change in eating habits

Change in hobby participation

Drugs and herbs to control depression

Personality changes (e.g., moody, irritable, worried, argumentative)

Emotional events (e.g., crying, arguments, fights, nightmares, temper, other)

Suicide threats and attempts

Any such symptoms in life prior to accident in question

Any history of similar symptoms in the family

Conditions improving, worsening or remaining the same

Doctor's prognosis (based upon reasonable medical probability)

Other

EARNING CAPACITY and EARNINGS- PAST and FUTURE

Name telephone and address of employer at time of injury

Name of supervisor

Job title at time of injury

Type of work performed in job

Probability of returning to same job

Qualifications for other types of work

Licenses held

Types of work previously performed

Names and addresses of previous employers

Education

Special job training

Previous and present plans for further education and other types of work

Time missed from work (secure employer's statement)

Time worked while under economic duress

Actual earnings prior to injuries (secure employer's statement)

Actual earnings lost (secure employer's statement)

Collateral sources for lost earnings (sick leave, insurance, social security, unemployment comp)

Efforts to find other work

Job offers

Other

DISFIGUREMENT and SCARS

Area of body disfigured

Describe the disfigurement

How does the disfigurement impact your life and habits

How is the disfigurement related to any physical limitations (described above)

How is the disfigurement related to any mental anguish (described above)

Is the disfigurement improving, worsening or remaining the same

What is the doctor's prognosis (based upon reasonable medical probability)

What do the doctors claim they can do to improve the condition (based upon reasonable medical

probability)

Other

Describe the scar(s) as to placement, length, width, color, raggedness

Is the scar a keloid formation or does the victim have a tendency to form keloid scars

If it is a keloid, what do doctors claim they can do to improve its appearance
(based upon reasonable medical probability)

How is the scarring related to any physical limitations (listed above)

How is the scarring related to any mental anguish (listed above)

Other

PHYSICAL IMPAIRMENT

What area or limb or limbs is impaired

What joints are impaired

Are ligaments damaged

Nature of impairment

Range of motion limitations

Pain Impairment from medication

What caused impairment

Describe changes in lifestyle

What sports and activities did you formerly participate in that are now more difficult and how

Relationship to mental anguish, scarring, pain, and amputations and loss of body anatomy

LOSS OF LIMB OR BODY PART

What part is lost

Accidental or surgical cause

Date of event

Where event occurred

Attempts to restore the part

Change in lifestyle caused by missing anatomy

Phantom pain (when, where, frequency)

Relationship of phantom pain to pain and physical suffering related above

Relationship to disfigurement and scarring problems related above

Relationship to mental anguish problems related above

Exact level of amputation

Difficulties with stump

Types of prostheses attempted

Prostheses presently using

Length of time able to wear prosthesis uninterrupted

Cost of prosthesis

Future anticipated replacements of prostheses

Assistance needed in attaching prosthesis

LOSS ORGAN

What organ is missing or impaired

Accidental and/or surgical cause

When event happened

Where event happened

Attempts to save or restore the organ

Degree of loss or impairment

Possibility of transplant

Effect of loss on general health

Effect of loss on other organ

Effect of loss on lifestyle

Relationship of loss to pain and physical suffering

Relationship of loss to mental anguish

Relationship of loss to disfigurement and scarring problems

LOSS OF MENTAL AND PHYSICAL FUNCTIONS

When first noticed

What caused attention to the loss

What caused the damage (accident and/or surgery)

What is the diagnosis

What is the prognosis

Changes in lifestyle

Changes in personal relationships

What treatment was recommended

What treatment has been followed

How effective is the treatment

What other treatments have been suggested

Relationship to disfigurement, scarring, mental anguish and physical pain and suffering

Relationship to employment and employablility

Effect on Family Relationship

NON-CONTACT INJURIES: FRIGHT, MENTAL ANGUISH, ANGER AND EMOTIONAL TRAUMA

What caused fright

Foreseeability of fright

Foreseeability of resulting physical injury

Proximity to zone of danger

Relationship to other involved parties

Was fright caused accidentally, intentionally or with gross disregard for life or property

Physical problems caused by the fright (ex., loss of sleep or weight, nervous problems, depressions, headaches, etc.)

Prognosis

Relationship between fright, mental anguish and emotional trauma

Nature of treatment

LOSS OF CONSORTIUM

Relationship to injured party (legal and actual)

Length of relationship

Describe normal relationship prior to injury

Changes in normal relationship:

In general

Affection

Solace

Comfort

Companionship

Society

Assistance

Sexual Relations

Emotional Support

Love

Felicity

Other

MEDICAL AND RELATED EXPENSES

Doctor bills

Hospital bills

Anaesthesiologist

Emergency Room bills

Ambulance charges

Nursing Home bills

Nursing services - professional

Nursing services - by family members

Custodial care charges

Rehabilitation expenses

Medicine bills - prescriptions

Medicine bills - non-prescriptions

Prostheses

Appliances and equipment (e.g., tubs, wheelchairs, crutches)

LOSS OF SERVICES

Services of Spouse
- Household cleaning
- Meal preparation
- Child care
- Home repairs
- Home maintenance
- Electrical
- Plumbing
- Carpenter
- Vehicle repair
- Yard work
- Agricultural
- Carrying out trash
- Washing dishes
- Laundry

How are services being replaced
Cost to replace lost services
Number of hours per week provided

FINALLY, FOR ALL LISTED TYPES, AND YOU HAVE PROBABLY CHECKED SEVERAL BOXES, PLEASE USE THIS PAGE TO GIVE A BRIEF AND LEGIBLE DESCRIPTION OF YOUR PARTICULAR LEGAL NEEDS AND LIST ALL THINGS WHICH YOU THINK IT IMPORTANT OR PROPER TO TELL THE ATTORNEY. JUST TELL ME WHAT YOU NEED AND WHAT HAPPENED AND WHAT YOU WOULD LIKE TO SEE AS A RESULT. USE ADDITIONAL PAGES IF NECESSARY. TYPING IS PREFERRED, BUT WE LIVE TO SERVE YOU AND YOUR NEEDS AND DESIRES ARE IMPORTANT.

_____

_____

_____

_____

_____

_____

Do you have any special concerns or problems which you would like to be addressed, such as loss of vehicle, creditor harassment, etc...?