

WRONGFUL DEATH QUESTIONNAIRE

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This questionnaire is a confidential questionnaire for the sue of our office only in preparing your claim for personal injuries. Please answer every question fully and accurately because, as your attorneys, we must know all about you and your case. All of the questions are important even thought they may not appear to have anything to do with your case.

Please type or print all answers. Use additional sheets of paper of the reverse side fo the form, if needed.

YOUR NAME: _____

STREET ADDRESS: _____

CITY, STATE AND ZIP: _____

TELEPHONE NO.: _____

WHO REFERRED YOU TO US: _____

FACTS OF ACCIDENT

1. DATE: _____

2. TIME: _____

3. WHERE DID IT OCCUR

PLAINTIFF INFORMATION

1. SOCIAL SECURITY NO.: _____

2. DATE OF BIRTH: _____

3. BIRTHPLACE: _____

4. MARITAL STATUS: _____

5. SPOUSE'S NAME: _____

6. DATE OF MARRIAGE: _____

7. Names and ages and addresses of all those (including children) who are dependent upon Plaintiff for support, and Plaintiff's relationship to each:

<u>Name</u>	<u>Address</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. List the addresses where Plaintiff has resided during the past ten years and give the period of time at each residence, including dates:

<u>Residence</u>	<u>From</u>	<u>To</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

WORK BACKGROUND OF PLAINTIFF

1. EMPLOYER: _____

2. STREET ADDRESS: _____

3. CITY, STATE AND ZIP: _____

4. TELEPHONE NO.: _____

5. TITLE AND DUTIES: _____

6. SALARY (HOURLY RATE, HOURS WORKED WEEKLY, PAID MONTHLY, SEMI-MONTHLY, WEEKLY, ETC.): _____

7. What did Plaintiff earn in the year before death: _____

8. List prior employment for past five years:

<u>Name</u>	<u>Address</u>	<u>Date employed</u>	<u>Job</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. Is Plaintiff's spouse employed? _____ Employer's name and address:

Wages: \$ _____ per _____
Average income entire year for spouse: \$ _____
How long employed: _____
Prior employment: _____

EDUCATION

1. Please give Plaintiff's education background, listing name of schools attended and years attended, and any degrees obtained:

MILITARY SERVICE, LAW ENFORCEMENT AND PRIOR CLAIMS

Military Background

1. Was Plaintiff ever in military service? _____ If so, state dates and service branch:

2. Type of discharge: _____

3. Any service connected injuries: _____
If so, detail: _____

4. Has Plaintiff received payments from V.A., Social Security or other sources:

V.A. Claim No.: _____

Police Record

1. Has Plaintiff ever received a police ticket (other than traffic tickets) or been convicted of a crime? _____

<u>Date</u>	<u>Place</u>	<u>Charges</u>	<u>Result</u>
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Claims and Lawsuits

1. Has Plaintiff ever been involved in any claims or lawsuit, (including Workers

Compensation claims) or divorce? _____ If so, list below every claim Plaintiff has made or lawsuits Plaintiff has ever been involved in:

<u>Date</u>	<u>Place</u>	<u>Against Whom</u>	<u>Nature of Claim</u>	<u>Result</u>

DEFENDANT INFORMATION

1. NAME OF DEFENDANT: _____
2. STREET ADDRESS: _____
3. CITY, STATE AND ZIP: _____
4. INSURANCE COMPANY: _____
5. STREET ADDRESS: _____
6. CITY, STATE AND ZIP: _____
7. POLICY NUMBER: _____
8. POLICY PROVISIONS (COVERAGE): _____
9. ATTORNEYS REPRESENTING DEFENDANT: _____

10. STREET ADDRESS: _____
11. CITY, STATE AND ZIP: _____
12. TELEPHONE NUMBER: _____

MEDICAL HISTORY PRIOR TO THE ACCIDENT

1. What is the name of Plaintiff's family doctor:

Address: _____
Telephone: _____
2. Has he treated Plaintiff within the past five years for any illness or accident: _____ If so, describe the illness or accident: _____

3. Has Plaintiff had any treatments within the past ten years for serious illness or any accident: ____ If so, please fill out the following:

a. Doctor's name: _____
Address: _____
Telephone: _____
Type of treatment: _____

b. Doctor's name: _____
Address: _____
Telephone: _____
Type of treatment: _____

c. Doctor's name: _____
Address: _____
Telephone: _____
Type of treatment: _____

WITNESSES

List the name, address and telephone number all witnesses to the accident (person who saw or may have seen the accident), and any other person who may be of assistance in testifying about your case, your injuries, or changes in your activities since the accident:

1. Name: _____
Address: _____
Phone: _____ Age: _____ Job: _____
What does he/she know: _____

2. Name: _____
Address: _____
Phone: _____ Age: _____ Job: _____
What does he/she know: _____

3. Name: _____
Address: _____
Phone: _____ Age: _____ Job: _____
What does he/she know: _____

4. Name: _____

Address: _____

Phone: _____ Age: _____ Job: _____

What does he/she know: _____

STATEMENTS MADE

1. Please give us any statement you know the defendant made about the accident, or that you understand he/she may have made: _____

2. When and where made: _____

3. Name and address of person who heard it: _____
