## **Kaine Law, LLC**

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## **PERSONAL INJURY QUESTIONNAIRE**

## **Client Information**

Name					Gender:	Male	
(first)	(middle)			(last)		Femal	le □
Date of Birth:		Socia	l Secur	ity Number:			_
Driver's License No.:				Stat	te of Issue:		
Personal Contact Information							
Home Address:							
City	State			Zip			
Home	Work_			Cell			
Email:							
Name of Work Place:							
Emergency Contact If we c							
			Phone:				
Do you receive Medicare B	enefits? Yes						
Do you receive Medicaid B	senefits? Yes	No	Medi	caid No			
Do you have Health Insurar Name of insurance compan				Is it through your:	Employer	or F	Personal
Group No	<u> </u>	Plan l	No	Me	mber No		
Do you receive any addition	nal income (e.g.	, SS Be	nefits,	Welfare,)? If so, wha	t kind?		
How many people reside w How many vehicles park at What is your relationship to	your residence	?		nber of people)			

Do those other vehicles have separate insura If so, with what insurance company and unc				)		
Marital status (circle one): single		ated	divorced	married		
If mar	ried, na	ame of	spouse			
Have you been in an accident before?		No				
Are there any other pending legal actions? Do you currently have an attorney?		No No	If yes, their name is:			
Are you currently in a bankruptcy?		No	Since when?			
If yes, which attorney is handling your bank	cruptcy	?				
Under doctor's orders, have you missed any	time f	rom wo	ork as a result of this accide	nt? Yes No		
<u> 4</u>	Accide	ent Inf	<u>Cormation</u>			
Was a police report done? Yes No	Whic	h police	e department did the report?			
Do you have a copy of your police report? Yes No The case number is						
If you have a copy of the police report, pl	ease fo	rward	it with the return of your	documents.		
Name of Your Vehicle's Driver:			_ Was the driver the owner	of the vehicle? Yes No		
If not, who is the owner of the vehicle?						
Passengers: Yes No If yes, how m	any?					
<u>I</u>	nsura	nce In	<u>formation</u>			
Other Vehicle/Driver:  Do you have the claim number for other per Which insurance company is the others personal Claim No.:  Adjuster's Name:  Adjuster's Phone Number:	son's vo	ehicle i	nsured with?			
Have you already given the other person's i	nsuran	ce comp	pany a recorded statement?	Yes No		
Your Vehicle/Driver:  Do you have insurance? Yes No Which insurance company is the vehicle insurance you have the claim number for your insu Claim No:			•			

Adjuster's Name:			
Adjuster's Phone Number:			
Have you already given your insuran	Your Vehicle's Inform		
Vehicle Info. (year, make, & model):			
Was your vehicle a rental car? If yes, then with whom (name, phone			
Vehicle Property Damage: Y If appraised, by whom:			
Totaled: Y N	Amount: <u>\$</u>		
<u>I</u>	Medical Treatment Info	ormation_	
Did you go to the hospital from the s	cene? Y N If yes,	, where?	
If yes, did the hospital take x-	-rays? Y N		
Did you go by ambulance? Yes	No If yes, which ambula	nce service?	
Have you been to any other doctors?	Y N If yes,	, please list them as follows:	
Name of Facility	Name of Doctor	Address and Phone	
		Phone:	
<del>-</del>		Address:	
		Phone:	
		Address:	
		Phone:	
		Address:	
		Phone:	
		Address:	
		Phone:	
		Address:	