GIRVIN & FERLAZZO, PC
ATTORNEYS AT LAW

CLIENT QUESTIONNAIRE

I. Background Information:

1. Date of Occurrence:_____
2. Statute of Limitation:_____
3. Name:_____
4. Address:_____
5. Date of Birth:_____
6. Home Phone:_____ Work Phone:_____
7. Social Security No.:_____
8. Spouse's Name:_____

II. Employment:

9. Present Employer:_____
10. Address:_____
11. City:_____ State:_____ Zip:_____
12. Phone:_____ Nature of business:_____
13. Title and/or description of your employment responsibilities:_____

    _____
14. Length of time employed:_____

CLIENT QUESTIONNAIRE

15. Wage Rate Salary: $_____ 16. Hours worked per week:_____

17. Days worked per week_____ 18. Average weekly wage:_____

V. Occurrence Information:

19. Date of alleged negligent act:_____

20. Describe in narrative form what occurred:_____

_____

_____

_____

21. Describe in detail dates, locations, and nature of treatments or services rendered:

Hospitals: _____

_____

Doctors: _____

_____

_____

_____

VI. Health Insurance of Client:

22. Name of insurance company:_____

23. Name of adjuster:_____

24. Policy number:_____