

Law Offices of George R. Brezina, Jr., P.A.

Confidential Client Questionnaire

Questions marked with an asterisk "*" apply only to motor vehicles accidents

The information, answers represented below and responses provided below are truthful and made to the best of my memory. Executed under penalties of perjury by:

Signature and Date

Thank you for your confidence in selecting **The Law Office of George R. Brezina, Jr., P.A.** to represent you in your personal injury claim. In order to most effectively represent you, we must obtain the following information. Please complete this form as fully as possible. All information provided to this law firm is protected by the attorney-client privilege. We appreciate your effort in completing this form.

1. Last name: _____ First name: _____ MI: _____
2. Age _____ Date of birth: _____ Social Security #: _____
3. Driver's License/ID No.: _____ State _____
4. Telephone Numbers:
 - (Home): _____
 - (Work): _____
 - (Cell): _____
 - (Fax): _____
 - (E-mail address): _____
5. Home Address: Street _____
Apt #: _____
City, State & Zip Code: _____
6. Name, Address and Telephone Number of a person (not living with you) to contact in case of an emergency:

ACCIDENT INFORMATION

7. Date of Accident: _____
Day of week: _____
Time: _____ AM _____ PM _____
8. Location (Be as specific as possible): _____

9. Describe details of the accident: _____

10. Did any police agency investigate the accident? _____ Yes _____ No
If so, which department? TPD _____ SD _____ FHP _____ Other _____
11. In which county did the accident happen? _____
What is the police report number? **(this is required)** _____
* Did anyone receive a ticket as a result of this accident? _____ Yes _____ No
* If so, who received the ticket and what was it for? _____

12. * Were there any passengers in your vehicle? _____ Yes _____ No
* If so, list the names, addresses, and telephone numbers of each passenger: _____

13. Do you know if there were any witnesses (other than your passengers) to the accident?
_____ Yes _____ No
If so, list the names, addresses, and telephone numbers of all witnesses to the accident.

14. Please give us any statement you heard the Defendant make about the incident, or that you understand that he/she may have made.

15. Describe **all** injuries you sustained as a result of the accident: _____

Were any photos taken of your bodily injuries? Yes No If so, name & ph# of person who took the photos & date photos taken:

16. Did an ambulance come to the scene? _____ Yes _____ No

If so, what was the name of the Ambulance/EMS? _____

17. Did you receive treatment at the scene? _____ Yes _____ No

18. Did the ambulance transport you to the emergency room? _____ Yes _____ No

If so, which hospital were you taken to? _____

19. Were x-rays taken at the hospital? _____ Yes _____ No

20. Please list **ALL** of the Doctors and any other Medical Facilities you have been to as a result of the accident (include address and telephone number, if known):

a. Name: _____
Address: _____
Telephone Number: _____

b. Name: _____
Address: _____
Telephone Number: _____

c. Name: _____

Address: _____

Telephone Number: _____

d. Name: _____

Address: _____

Telephone Number: _____

e. Name: _____

Address: _____

Telephone Number: _____

21. * Make, Model, Year of your vehicle.

* Describe the damage done to your vehicle:

22. * Has your vehicle been repaired? _____ Yes _____ No

* If yes, who paid to repair your vehicle?

23. * Has your vehicle been considered a total loss by anyone? _____ Yes _____ No

* If so, have you been paid for your vehicle? _____ Yes _____ No

24. * Where is your vehicle now? _____

25. * Make, Model, Year of the other vehicle(s):

* Describe the damage to the other vehicle(s):

26. * Has anyone taken photographs of any of the vehicles involved in this accident?

_____ Yes _____ No _____ Uncertain

* If yes, Name & ph# of person who took photos:

EMPLOYMENT INFORMATION

27. Name of your employer at the time of the accident: _____

Employer's Address: _____

28. How long had you worked for this employer prior to the accident? _____

29. Job title at the time of the accident: _____

30. Duties: _____

31. Rate of pay at the time of the accident: _____

32. Have you missed any time from work as a result of the accident? Yes No

If yes, please list the dates and reasons you were unable to work:

Date

Reason Unable to Work

33. Did you lose any wages? Yes No

If so, what is the total amount of your lost wages at this time? _____

34. Have you used vacation or sick time to avoid losing wages? Yes No

35. Have you changed jobs since the accident? Yes No

If yes, please list why and the name and the address of our new employer:

INSURANCE INFORMATION

36. Do you know whether the person/business causing your injuries was covered by any type of insurance? Yes No Uncertain

If so, what is the name of the insurance company? _____

37. What is the claim number? _____
38. Have you spoken with anyone from the insurance company? _____ Yes _____ No
39. Did anyone take a recorded statement from you? _____ Yes _____ No
40. * What is/was the name of ***YOUR*** automobile insurance company at the time of the accident? _____
41. * Have you notified ***YOUR*** automobile insurance company of this accident?
 _____ Yes _____ No
42. * What is the telephone number of ***YOUR*** automobile insurance company's claim department? _____
43. * What is/was ***YOUR*** automobile insurance policy number at the time of the accident?

44. * Has ***YOUR*** automobile insurance company provided you with a Claim Number?
 _____ Yes _____ No If so, what is the claim number? _____
45. * Have you completed a PIP application? _____ Yes _____ No
46. * Have you made a claim to ***YOUR*** automobile insurance company for lost wages?
 _____ Yes _____ No
47. Were you covered by any type of **HEALTH INSURANCE** at the time of your accident or at any time since your accident? _____ Yes _____ No
 If so, what is the name of the health insurance company? _____
 Insurance Policy Number: _____
 Type of Coverage: _____ PPO _____ HMO _____ Medicare _____ Medicaid
 Telephone number of claims department: _____

LIENS

48. Have you ever made an application to the State of Florida or your County of residence for financial assistance in the payment of rent and/or utilities, etc.? _____ Yes _____ No

If yes, was assistance received? Who provided assistance? Amount provided? _____

49. Have you filed for bankruptcy within the last 7 years? _____ Yes _____ No

If yes, what was the date filed and discharged? _____

Please provide name, and address of attorney, if any. _____

50. Do you have any child support applications? _____ Yes _____ No

If yes, has an Order been issued by any Court? _____

Do any arrearage exist? _____

51. Are you aware of any federal and/or IRS tax liens against you? _____ Yes _____ No

If yes, please explain. _____

SPOUSE INFORMATION

52. Spouse's Full Name:
**(at the time of the
accident):** _____

Age: _____ Date of Birth: _____

53. How long have you been married? _____

54. Spouse's Occupation: _____

CHILDREN

55. Do you have any Children? _____ Yes _____ No

If so, please state:

<u>Name</u>	<u>Age</u>	<u>DOB</u>	<u>Living w/ you at time of accident</u>		<u>living w/ you now</u>					
			Y	N	Y	N				
_____	_____	_____	Y	_____	N	_____	Y	_____	N	_____
_____	_____	_____	Y	_____	N	_____	Y	_____	N	_____
_____	_____	_____	Y	_____	N	_____	Y	_____	N	_____
_____	_____	_____	Y	_____	N	_____	Y	_____	N	_____
_____	_____	_____	Y	_____	N	_____	Y	_____	N	_____
_____	_____	_____	Y	_____	N	_____	Y	_____	N	_____

56. Have you **EVER** suffered from any **SIMILAR** pain, injury or condition at **ANYTIME** **PRIOR** to this accident? _____ Yes _____ No

If so, fully describe: _____

57. Have you **EVER** been treated by any of the following physicians **PRIOR** to your current accident?

Chiropractor: _____ Yes _____ No
 Orthopedic Surgeon: _____ Yes _____ No
 Neurologist: _____ Yes _____ No
 Neurosurgeon: _____ Yes _____ No
 Physical Therapist: _____ Yes _____ No

58. Prior to this accident, have you ever made a claim to be compensated for injuries?

_____ Yes _____ No

59. How were you referred to this office?

Attorney _____ Friend/Relative _____
 Yellow Pages _____ Other _____