

Sacramento Office
3230 Ramos Circle
Sacramento, CA 95827
Phone: 916-923-2800
Folsom Office
1024 Iron Point Road
Suite 100-1414
Folsom, CA 95630
Phone: 916-985-2600



Law Offices of
Bowman
& Associates, APC

Attorneys
Robert C. Bowman Jr.
Kenric Torkelson
Roger Kosla
Laura Reich

CONFIDENTIAL PERSONAL INJURY QUESTIONNAIRE

Thank you for visiting the Law Offices of Bowman and Associates. In order to better evaluate your case, please answer all the questions below as completely as possible and with the whole truth. Please attach additional sheets if necessary. All answers to these questions contained herein are confidential. Please email to contact@bowmanandassoc.com or fax to 916-358-8689.

1. ABOUT YOU

Your Name: _____

Street Address: _____

City, State, Zip: _____

Cell Phone: _____

Home Phone: _____

Email: _____

How did you hear about us? _____

Your age: _____ Date of Birth: _____ What is your Gender: _____

Social Security Number: _____ Driver's License #: _____

Have you spoken to, met with, or corresponded with any other attorneys regarding the issue you wish to speak with us about? If so, whom and when?

Have you ever been convicted of a felony or a misdemeanor involving dishonesty or morals? If so, please give a brief description of the conviction offenses and dates of conviction. (This information is requested as convictions of this nature could be raised as evidence in your case by the other side.)

NOTE: We do not become your attorneys simply because you fill out this questionnaire.

FAX
916-358-8689


www.bowmanandassoc.com

E-MAIL
contact@bowmanandassoc.com

CONFIDENTIAL PERSONAL INJURY QUESTIONNAIRE

Have you filed for bankruptcy or are you thinking about filing for bankruptcy? If so, when?

What is your most important goal in contacting us?

2. SPOUSE'S INFORMATION

Spouse's Name: _____

Street Address: _____

City, State, Zip: _____

Cell Phone: _____

Home Phone: _____

Email: _____

Your age: _____ Date of Birth: _____ What is your Gender: _____

Social Security Number: _____ Driver's License #: _____

Employer's Name: _____

Street Address: _____

City, State, Zip: _____

Phone number: _____

Your Occupation / Position: _____

3. CHILDREN

1. **Child's Name:** _____ Do they live with you: _____

Child's age: _____ Date of Birth: _____ What is child's Gender: _____

NOTE: We do not become your attorneys simply because you fill out this questionnaire.

CONFIDENTIAL PERSONAL INJURY QUESTIONNAIRE

Social Security Number: _____ Driver's License #: _____

2. **Child's Name:** _____ Do they live with you: _____

Child's age: _____ Date of Birth: _____ What is child's Gender: _____

Social Security Number: _____ Driver's License #: _____

3. **Child's Name:** _____ Do they live with you: _____

Child's age: _____ Date of Birth: _____ What is child's Gender: _____

Social Security Number: _____ Driver's License #: _____

4. **Child's Name:** _____ Do they live with you: _____

Child's age: _____ Date of Birth: _____ What is child's Gender: _____

Social Security Number: _____ Driver's License #: _____

4. TELL US ABOUT YOUR EMPLOYER

Name: _____

Street Address: _____

City, State, Zip: _____

Phone number: _____

Website: _____

Your Occupation / Position: _____ Name of Supervisor: _____

How long have you worked for this employer?: _____

What are (were) your job duties? _____

NOTE: We do not become your attorneys simply because you fill out this questionnaire.

CONFIDENTIAL PERSONAL INJURY QUESTIONNAIRE

How are (were) you compensated for your work? (Ex. Hourly wage, monthly salary, piece rate, commission, independent contractor? Please include exact dollar amounts.)

What is (was) your daily and/or weekly work schedule? (Ex. 8 hours per day? 5 days per week?)

Have you applied for State Disability Insurance benefits, long term disability insurance benefits? If so, which benefits, when, and what is the status of your application?

Have you requested any accommodation at your employer for injuries sustained from this incident? If so, what is the current status, and what accommodation are/were you seeking?

5. EDUCATION

Do you have a High School/G.E.D.: _____ Year of Graduation/G.E.D.: _____

Technical School Certification? _____ Year of Certification: _____

College/University: _____ Years & Degree: _____

6. PREVIOUS ACCIDENTS

Have you ever been involved in any other accidents? If so, please give a brief description of the accident(s):

1. Date: _____ Location: _____ At Fault: _____

Brief Description: _____

NOTE: We do not become your attorneys simply because you fill out this questionnaire.

CONFIDENTIAL PERSONAL INJURY QUESTIONNAIRE

2. Date: _____ Location: _____ At Fault: _____

Brief Description: _____

3. Date: _____ Location: _____ At Fault: _____

Brief Description: _____

7. PREVIOUS INJURIES

Have you ever had any previous injuries with lasting affects? _____

Date of Injury:	Injured Body Part:	Nature of Injury?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. PRIOR CLAIMS / SETTLEMENTS

Have you ever filed or had filed on your behalf a previous lawsuit, claim, demand or settlement? If so, date(s), type of claims, attorneys involved, settled or still active?

NOTE: We do not become your attorneys simply because you fill out this questionnaire.

CONFIDENTIAL PERSONAL INJURY QUESTIONNAIRE

9. ACCIDENT INFORMATION

Accident date: _____ Day of Week: _____ Time of Day _____ am/pm

Location City: _____ Location County: _____

Where were you coming from? _____

Where were you going? _____

Was this on public or private property? _____

Any construction in the area? _____

Were the police/sheriff/CHP contacted? _____ Was a report taken? _____

Police Report Number: _____ Taken by which agency? _____

Were you driving a company vehicle? _____ Were you driving your own vehicle? _____

Make of vehicle you were driving: _____ Model: _____ Year: _____

Make of other vehicle involved: _____ Model: _____ Year: _____

Was anyone, including yourself taking any medication or using any drugs? If so, describe: _____

Had anyone, including yourself, been drinking? If so, describe: _____

Who made statements regarding drugs, medications or alcohol: _____

IMPORTANT (PROVIDE ALL PHOTOGRAPHS IN YOUR POSSESSION)

Were photos taken of the scene? _____ By whom? _____

Were photos taken of your vehicle? _____ By whom? _____

Were photos taken of other vehicles? _____ By whom? _____

Were photos taken of your injuries? _____ By whom? _____

NOTE: We do not become your attorneys simply because you fill out this questionnaire.

CONFIDENTIAL PERSONAL INJURY QUESTIONNAIRE

10. INSURANCE INFORMATION (YOURS)

Name of Insurance Carrier: _____

Carrier's Address: _____

Carrier's Phone number: _____ Fax Number: _____

Policy Number: _____ Expiration Date: _____

Liability Limits: _____

Medical Payment Limits: _____

Uninsured/Underinsured Motorist Coverage Limits: _____

Are you covered under an employer's Insurance: _____ Employers Name: _____

Employers Insurance Co. and Agent Name, if known: _____

Employers Contact information: _____

Employer Policy or Plan number, if known: _____

Have you contacted YOUR insurance: _____ Date Contacted: _____

Have you contacted anyone else's insurance: _____ Date Contacted: _____

Did you give a statement to any insurance agent: _____ To whom? _____

Have you signed any release information authorizations? _____ To whom? _____

Have you signed any settlement releases? _____ To whom? _____

11. INSURANCE INFORMATION (OTHER PARTY)

Name of Insurance Carrier: _____

Carrier's Address: _____

Carrier's Phone number: _____ Fax Number: _____

Policy Number: _____ Expiration Date: _____

NOTE: We do not become your attorneys simply because you fill out this questionnaire.

CONFIDENTIAL PERSONAL INJURY QUESTIONNAIRE

12. MEDICAL INFORMATION

Were you injured in this accident? _____ Describe your injuries: _____

Did you go to Hospital? _____ Name of Hospital: _____

Admitted or Out Patient: _____ Were you taken by ambulance? _____

Are you under a doctor's care now? _____ If so, Doctors name: _____

**LIST ALL DOCTORS, CHIROPRACTORS, THERAPISTS, HOSPITALS, ETC YOU HAVE
SEEN FOR THIS INCIDENT**

1. Name of Business: _____ Doctors Name: _____

Address: _____

Phone number: _____ Fax Number: _____

When did you last see this doctor? _____ Next apt, if applicable: _____

Total of medical bills? _____ Is there a medical lien: _____

Reason for seeing this doctor, treatment being done: _____

NOTE: We do not become your attorneys simply because you fill out this questionnaire.

CONFIDENTIAL PERSONAL INJURY QUESTIONNAIRE

2. Name of Business: _____ Doctors Name: _____

Address: _____

Phone number: _____ Fax Number: _____

When did you last see this doctor? _____ Next apt, if applicable: _____

Total of medical bills? _____ Is there a medical lien: _____

Reason for seeing this doctor, treatment being done: _____

3. Name of Business: _____ Doctors Name: _____

Address: _____

Phone number: _____ Fax Number: _____

When did you last see this doctor? _____ Next apt, if applicable: _____

Total of medical bills? _____ Is there a medical lien: _____

Reason for seeing this doctor, treatment being done: _____

4. Name of Business: _____ Doctors Name: _____

Address: _____

Phone number: _____ Fax Number: _____

When did you last see this doctor? _____ Next apt, if applicable: _____

Total of medical bills? _____ Is there a medical lien: _____

Reason for seeing this doctor, treatment being done: _____

NOTE: We do not become your attorneys simply because you fill out this questionnaire.

CONFIDENTIAL PERSONAL INJURY QUESTIONNAIRE

13. DAMAGES

Were there damages to your vehicle? _____ If so, what were the damages? _____

Has your vehicle been repaired? _____ Where was it repaired? _____

What is the monetary amount of damage to your vehicle/property? _____

14. WITNESSES

Name of Witness: _____ Relation: _____

Witness Address: _____

Witness Phone number: _____ Email, if known: _____

Name of Witness: _____ Relation: _____

Witness Address: _____

Witness Phone number: _____ Email, if known: _____

I hereby certify that the above mentioned information has been completed in truthfulness and is accurate to the best of my memory. I understand that by submitting this information to The Law Offices of Bowman and Associates I am not retaining your services. I understand all answers to all questions contained herein are confidential between the Law Offices of Bowman and Associates and myself unless authorized otherwise.

Name:

Signed:

Date:

NOTE: We do not become your attorneys simply because you fill out this questionnaire.