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ATTORNEY/CLIENT CONFIDENTIAL INFORMATION FORM

Date: _____

PART I – PERSONAL DATA

1. Your full name: _____
First Middle Last

2. Maiden name or other previous names/aliases: _____

3. Address: _____
Street

City State Zip

4. Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Email address: _____

5. Birthdate: ____/____/____ Age: ____ Birthplace: _____

6. Social Security No: ____ -- ____ -- ____

7. Driver's License No: _____

PART II – MARITAL STATUS

1. Are you presently married? _____ If so, please answer the following:

Date of Marriage: ____/____/____

Spouse's Name: _____

Spouse's Birthdate: ____/____/____ Social Security No: ____--____--____

Name, address, birthdate and age of all children born as a result of present marriage:

<u>Name and Address</u>	<u>Birthdate</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Have you been married before? _____ If so, please answer the following:

<u>Name of Former Spouse</u>	<u>Date of Marriage</u>	<u>Date of Divorce or Death of Spouse</u>
_____	_____	_____
_____	_____	_____

Children born as a result of previous marriages:

<u>Name and Address</u>	<u>Birthdate</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____

Are you presently paying or receiving support payments for children of a prior marriage?
If so, please state amount:

Paying: \$ _____ per _____ to _____

Receiving: \$ _____ per _____ from _____

PART III – RESIDENCE

1. Please list complete addresses where you have resided for the past ten years, and the length of time at each residence:

<u>Address</u>	<u>From</u>	<u>To</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

PART IV – EMPLOYMENT INFORMATION

1. Are you present employed? ___ If so, indicate name and address of present employer(s):

Job Title: _____

Date you began working for this employer: _____

Name of Immediate Supervisor: _____

Current Wage: Hourly: \$ _____ Weekly: \$ _____ Monthly: \$ _____

Hours normally worked per week: _____

2. Please list all previous employers for past 10 years:

<u>Employer's Name and Address</u>	<u>Dates of Employment</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. Have you missed work as a result of the incident? ___ If so, please answer the following:

Dates/Hours missed: _____

Rate/Amount of pay at the time work was missed: _____

Any additional employment benefits you have lost because you could not work due to the incident: _____

Are you entitled to reimbursement under long-term or short-term disability through your employer? _____ If so, for how long? _____

PART V - INCIDENT FACTS

1. Date and Time: _____

2. Location of incident: _____

3. Please describe how the incident occurred with as much detail as possible:

4. Names and addresses of all people present with you during any portion of the incident (including their relationship to you):

5. Names and addresses of all individuals who were witnesses to or have knowledge of anything leading up to the incident itself:

6. Was law enforcement agency contacted? _____ If so, please indicate how agency was contacted and by whom, and who responded on behalf of the law enforcement agency. Please provide as much detail as you can as to the number and type of officers involved and their identities, if available, all statements given by you or others to the law enforcement officers and any information provided by the officers to you.

7. Did you receive any physical injuries that left any visible signs of injury such as bruises, abrasions, tears, scars, etc.? If so, describe:

8. If you did receive any visible signs of injury, were any photographs taken of the injuries, and if so, by whom and when? (If you have any such photographs, please provide them with this questionnaire.)

9. If you did receive any visible signs of injury and no photographs have been taken, are there are visible signs of injury still left? _____
If so, arrangements must be made to obtain photographs as soon as possible.

10. Please list the name and address of any other individual you know who has any knowledge that may be useful in investigating this case: _____

11. Were you working at the time of the incident? _____ If so, has there been a workers' compensation claim started on your behalf? _____

PART VI – MEDICAL INFORMATION

1. List all physical injuries you sustained as a result of the incident: _____

2. List all medical and counseling treatment you have received since the incident, for any reason:

A. Physicians, counselors, or other care providers:

<u>Name</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____

B. Medications prescribed as a result of the incident:

C. List all of your medical providers (physicians, chiropractors, counselors, or other care providers) for 10 years before the incident:

<u>Name</u>	<u>Address</u>	<u>Reason</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. Hospitals:

<u>Name</u>	<u>Address</u>	<u>Reason</u>

PART VII – INSURANCE INFORMATION

1. Are you covered by any medical or health care plan that might make payment for treatment for your injuries? _____ If so, please provide a copy of the plan or agreement and state your understanding of how much the plan will pay for your treatment. Please describe all payments made to date: _____

2. If you suffered any property loss as a result of the incident, was any of this covered by insurance? _____ If so, please provide all details: _____

3. If any insurance company or crime victim's fund advised you that it will pay benefits only subject to certain conditions, such as you signing a subrogation agreement or some other documents, please detail all information you have been provided with respect to this request: _____

PART VIII – EDUCATIONAL BACKGROUND

<u>Name</u>	<u>Location</u>	<u>Years Completed</u>	<u>Years Left</u>	<u>Graduated Yes/No</u>
<hr/>				
High School				
<hr/>				
College/Business School				
<hr/>				
Technical Training				
<hr/>				
Other				

PART IX – MISCELLANEOUS

1. Have you ever been in the military service? _____
What Branch? _____ Dates: _____
Honorable Discharge? _____

2. Have you ever made a claim for Social Security, No-Fault Insurance, Veteran's Benefits or Workers' Compensation Benefits? _____ If so, please state the following:
Type of claim: _____
Employer: _____
Date: _____ Injury: _____
Amount received or outcome: _____

3. Have you ever been a party to a civil or criminal matter? ____ If so, indicate:
What type of case: _____
Name of attorney(s) involved: _____

City/County of legal action: _____

4. Did you have or are you aware of any photographs which were taken pertaining to this incident? _____ If you have them, please send them to our office.

5. Have you given any statements to or have you been interviewed by an insurance adjuster or by anyone else regarding the circumstances concerning your injury or accident? _____

DO NOT DO SO IF CONTACTED IN THE FUTURE WITHOUT FIRST DISCUSSING IT WITH YOUR ATTORNEY.

6. It is important that you provide copies of all documents that could in any way relate to the incident, including any photographs or videotapes.
7. Please keep records of all expenses you incur as a result of the incident, as well as copies of all medical bills and insurance payment statements.