

Law Offices of
Thaddeus M. Bond, Jr. & Associates, P.C.

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**CLIENT QUESTIONNAIRE FOR PERSONAL INJURY/
WORKER'S COMPENSATION CLAIMS**

I. Your Full Legal Name:

Date of Birth:

Social Security Number:

Current Address:

Phone Number(s):

II. Your Spouse (if any)

Name:

Date of Birth:

Social Security Number:

III. Children (if any)

Name, Dates of Birth and Social Security Numbers:

IV. Date and Description of Accident

List the location of where your accident, injuries or damages occurred. Describe in detail how the incident occurred. If there were any witnesses to the accident, list their names, addresses and phone numbers. A copy of any police report or other written report from the incident would be very helpful.

V. Responsible Party

List the names, address and phone number of all persons or legal entities you believe to be responsible for your injury. For worker's compensation claims, list the name and address of your employer(s).

VI. Responsible Party Insurance

List the name, address, phone number and claim number of any insurance company providing coverage to the responsible party or parties listed in Section V above. If you have spoken with any claims adjusters, include that person's name and phone number as well.

VII. Your Insurance

If you were injured in a motor vehicle accident, list the name, address, phone number and claim number of the insurance company providing coverage for your vehicle on the date of accident. If you have spoken with any claims adjusters, include that person's name and phone number as well.

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If any of your medical bills have been paid by your group health insurance carrier, HMO, PPO or other insurance carrier, list their name, address, phone number and your policy number.

VIII. Medical Providers

List the name, address and phone number of every doctor, hospital or clinic who has treated you as a result of your injuries. State what arrangements were made for payment of their bill(s) for services rendered.

Are you still undergoing medical treatment?
If yes, state the date of your next doctor's appointment.

List the name, address and phone number of your family doctor or doctors for the past ten(10) years.

IX. Wages/Income

State the name, address and phone number of your employer(s) on the date of the accident. List the dates you were employed by them.

List all dates that you missed from work as a result of your injuries.

State your earnings on the date of the accident. If salaried, state yearly salary. If paid hourly, state your hourly rate and the number of hours typically worked per week. If paid in part or entirely by commission, state your average weekly commission and the basis for your calculation.

X. Personal Property

If any of your personal property was damaged or destroyed as a result of your injuries, list each item and its approximate value.

XI. Prior Claims or Injuries

Have you ever filed a personal injury or worker's compensation claim in the past? If so, provide details including the date of accident, the extent of your injuries and the disposition of the case, i.e. was it settled, did it proceed to trial and how much compensation did you receive.

Have you ever before sustained any injury to the part(s) of your body affected by this accident? If so, state when and how the injury occurred and the extent of the injury. List the name, address and phone number of every doctor, hospital or clinic who has treated you as a result of your injuries.

X. Disclaimer

This form is a questionnaire designed only to provide information to the Law Offices of Thaddeus M. Bond, Jr. & Associates, P.C. about whether they are willing to accept your case. This form is not an acceptance of proposed employment and is not an agreement to represent you in your claim. If the Law Offices of Thaddeus M. Bond, Jr. & Associates, P.C. decides to accept your case, a separate written retainer and/or fee agreement will have to be entered into by you and an attorney employed by the law firm.

I/we also understand that The Law Offices of Thaddeus M. Bond, Jr. & Associates, P.C. is licensed to practice law only in the State of Illinois. Any issues relating to laws in States other than Illinois might or could be directed by the Law Offices of Thaddeus M. Bond, Jr. & Associates, P.C to competent legal counsel in that state.

Name:

Date

Name:

Date