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Client: _____

Date: _____

Interviewer: _____

Referring Person: _____

The answers you give on this form are for our use only. All answers are confidential; no information will be released to any unauthorized person, and the information will only be used in the preparation of your case.

Please be candid in answering these questions. Although some may ask for personal information, all questions have a purpose. These questions are aimed at getting the information necessary to prepare your case adequately and professionally. We must know all relevant information if we are to represent you effectively. We cannot afford to be surprised at any stage of the proceedings. Also, you must be prepared for trial, and, if we have the necessary information, we can prepare you.

Answer each question as fully and as accurately as possible. Please print or write legibly. If you need additional space, please write on the back of this form or attach a separate page.

General Background Information

(1) Name: _____

(2) Age: _____ Date of birth: _____

(3) Place of birth: _____

(4) Have you ever been known by any other names? _____ If so, please list:

(5) If you are a minor, give your guardian's full name, relationship to you, address and telephone number: _____

(6) Your Social Security Number: _____

(7) Marital status: _____

(8) Name of spouse: _____

(9) Age of spouse: _____ Date of birth: _____

(10) Home address: _____

(11) Home address of spouse: _____

(12) Work address: _____

(13) Work address of spouse: _____

(14) Home telephone number: _____

(15) Home telephone number of spouse: _____

(16) Work telephone number: _____

(17) Work telephone number of spouse: _____

(18) Other than the addresses and telephone numbers given, are there any other addresses or telephone numbers where you or your spouse may be contacted? _____

(19) List all other persons living in your household, their ages, relationship to you, and whether they are dependent upon you for support. _____

(20) List any other persons who are dependent upon you for their support; include ages, relationship to you, and addresses. _____

(21) Have you signed any authorizations to release information or any other documents in connection with the accident/incident? _____

(22) If so, (a) do you have a copy of the document; (b) do you know the title and purpose of the document; (c) at whose request did you sign the document; and (d) when did you sign the document? _____

(23) List every arrest, charge and conviction brought by the police or state, or determined by a court: Date: _____ Place of Arrest: _____ Charges: _____ Result: _____

(24) Have you ever been in the military service? _____

(25) If so, what branch? _____

(26) Please state dates of service and type of discharge. _____

(27) Did you receive any commendations or medals? _____ If so, which ones?

(28) Did you have any service disability or injuries? _____ If so, give the details.

Employment Background

EMPLOYMENT WHEN INJURED

1. Were you employed at the time of the accident? Yes _____ No _____

2. Employer's name: _____

3. Employer's address: _____

City _____ Phone _____

4. Date first started there: _____

5. What was your job title when injured? _____

6. Describe your duties:

7. Pay:

If paid by the hour, hourly rate:	\$ _____
If paid by the week, weekly rate:	\$ _____
If paid by the month, monthly rate:	\$ _____
If paid by commission or salary-plus-commission, give rate and amount:	\$ _____

Check how often paid: each week _____ ; twice a month _____ ; once a month _____ ; other (explain) _____

Your average total pay, each pay period, before deductions: \$ _____

Your average take home pay, each pay period, after deductions: \$ _____

8. Hours: Give the total hours per week you were working, on the average, immediately before the accident:

Total regular hours _____

Average overtime hours _____

9. Change of title or duties:

Has your job title or duties changed because of your injuries? Yes _____ No _____ . If yes, explain what changes have been made and the reasons: _____

10. Lost time:

Have you missed any time from work because of your injuries? Yes _____ No _____ . If yes, state dates you were unable to work: _____

11. Lost wages:

Did you lose any wages because of time missed from work caused by your injuries? Yes _____ No _____. If yes, state the total amount of your wage loss to date: \$_____

12. Salary and Sick Leave:

Has your employer paid you any salary or sick leave while you have been off the job? Yes _____ No _____. If yes, state dates and amounts: _____

13. Raises:

Did you lose any pay raises or commissions because of your injuries? Yes _____ No _____. If yes, give details: _____

14. Pay Changes:

Have you received any pay increases or decreases since the accident? Yes _____ No _____. If yes, please explain: _____

15. If self-employed, had your earnings increased during the past three years up to the time of the accident? Yes _____ No _____. If yes, what were the increases?

16. If self-employed, have your earnings decreased since the time of the accident? Yes _____ No _____. If yes, explain: _____

NEW EMPLOYER

17. Have you changed employers since the accident? Yes _____ No _____. If yes, state why you changed: _____

18. State name of new employer: _____

Employer's address: _____

City _____ Phone _____

19. Date you started this employment: _____

20. Your job title: _____

21. Number of hours per week: _____ Rate of pay: _____

22. Describe your duties: _____

23. Have you lost any time or wages from this employment as a result of the accident? Yes _____ No _____. If yes, state the dates lost and the amount of wages lost: _____

FORMER EMPLOYERS

24. Please answer the following questions concerning your last three employers other than your employer at the time of your accident:

a. Name of former employer: _____

Address of former employer: _____

Approximate dates of employment: From _____, _____ to _____, _____.

Approximate rate of pay: _____ Job title: _____

Reason for leaving: _____

b. Name of former employer: _____

Address of former employer: _____

Approximate dates of employment: From _____ , _____ to _____ , _____ .

Approximate rate of pay: _____ Job title: _____

Reason for leaving: _____

c. Name of former employer: _____

Address of former employer: _____

Approximate dates of employment: From _____ , _____ to _____ , _____ .

Approximate rate of pay: _____ Job title: _____

Reason for leaving: _____

PAST WORK RECORD

25. Did you lose any time from work during the past 10 years because of accident or illness? Yes _____ No _____ . If yes, state approximately when, for how long, and the cause: _____

PROSPECTIVE EMPLOYMENT

26. If you were not employed when injured, did you plan to enter new employment if your accident had not happened? Yes _____ No _____

27. What kind of work did you plan to follow? _____

28. Date you planned to go to work: _____

29. Rate of pay you expected to receive: _____

30. Name and address of each prospective employer: _____

31. Had you been promised a position by any of these prospective employers? Yes
_____ No _____. If yes, please explain: _____

Client Name

Date Completed

Accident Information

(1) Client: _____

Date of the accident: _____

Day of the week: _____

Time of day: _____

Weather conditions: _____

(2) Describe in detail the location of the accident (include in your answer proximity to driveways, intersections, traffic signs, homes, businesses or other fixed objects).

(3) Describe: (a) where you were going at the time of the accident; (b) where you were coming from; (c) if you were the driver of the vehicle or a passenger; (d) if you were not the driver and owner of the vehicle, who was; and (e) how many times you have driven along the route which you were traveling at the time of the accident.

(4) Describe in detail how the accident happened. Include in your answer: (a) distances; (b) speeds; (c) road or weather conditions; (d) any defects in the vehicles or road; (e) whether the highway was marked or divided; (f) any visual obstructions; (g) the presence of any skid marks; (h) a notation of any unusual sounds or noises heard; and (i) whether directional signals were used. _____

(5) Did you have a conversation with the driver of the other vehicle? _____ If so, were any statements made as to who was at fault? _____ What statements?

(6) Did you have any other conversations at that time or subsequent to the accident with the driver, passenger or any other party? _____ If so, specify the name of the person, address and the substance of the conversation. _____

(7) Did the police investigate the accident? _____ If so, which agency (i.e., State Patrol, city police, county sheriff)? _____

(8) Who called the police? _____

(9) Do you have a copy of the police report? _____

(10) Were any persons charged with motor vehicle violations or criminal charges as a result of the accident? _____ If so, who was and what were the charges? _____

(11) Has there been a resolution to the charges? _____ If so, how were they resolved? _____

(12) Do you have any restrictions on your driver's license? _____ If so, what are they? _____

Injuries

(1) Was anyone else injured in the accident? _____ If so, who was injured and what was the extent of the injuries? _____

(2) Did an ambulance arrive at the scene of the accident? _____ If so, who called the ambulance and when did it arrive? _____ Did anyone accompany you to the hospital? _____ If so, give their name and address. _____

(3) Identify all witnesses known to you, giving names and addresses and any relationship to you. _____

(4) Did you have any discussions with any of the witnesses at the scene of the accident? _____ If so, with whom did you speak and what was said? _____

(5) If you were hospitalized, give the names and addresses of all hospitals and the amount of total charges incurred. _____

(6) List the names and addresses of all doctors, nurses and technicians who have treated you, the dates of the treatment received and the charges incurred. _____

Insurance Information

(1) Give the name and address of the defendant(s) (include both the owner and the operator of the other vehicle, if known). _____

(2) Give the name and address of the defendant's insurance carrier, and specify how you acquired this information. _____

(3) Give the name and address of the defendant's insurance adjuster, and specify how you acquired this information. _____

(4) Give the name and address of your insurance carrier and adjuster. _____

(5) Give your auto insurance policy number, dates of coverage and policy limits.

(6) Do you have a copy of your auto insurance policy? _____

(7) Give the name and address of the insurance carrier and adjuster for the person in whose vehicle you were riding (if other than yourself). _____

(8) Give the insurance policy number, name of person holding the policy, the dates of coverage and the policy limits, if known, of the driver/owner of the vehicle in which you were riding (if other than yourself). _____

(9) Have any statements, either oral or written, been given by you or anyone on your behalf to any insurance carrier? _____ If so, when, where and to whom? _____

(10) Do you have a copy of the statement? _____

Photographs

(1) Were any photographs taken of the scene of the accident, of the vehicles involved, or of the persons injured? _____ If so, when were the photographs taken, where and by whom? _____

(2) Do you have copies of the photographs or the negatives? _____

Property Damage

(1) Was your vehicle damaged? _____ If so, what part of it was damaged, and what were the estimates of any cost of repairs you received? _____

(2) Has your vehicle been repaired? _____ If so, indicate who performed the repairs, who paid for them, and whether you have a copy of the invoice of repair costs.

Vehicles

(1) Who was the actual owner of the vehicle involved in the accident in which you were riding? _____ What is the vehicle's make, model, year and license number? _____ When was it purchased, from whom, and at what price? _____

(2) Were there any defects in or problems with your vehicle or the vehicle you were riding in? _____ If so, describe. _____

(3) Did your vehicle have a current inspection sticker at the time of the accident? _____ If so, state the date and by whom the sticker was issued. _____

Alcohol/Drugs

(1) Did you consume any alcohol prior to the accident? _____ If so, what were you drinking, where were you drinking, with whom were you drinking, what amount did you have to drink and how long prior to the accident were you drinking? _____

(2) Were you taking any medication or drugs prior to the accident? _____ If so, what were you taking, who prescribed the medication, what was the dosage, and how long prior to the accident did you take the last dose? _____

(3) If you were not taking any medication or drugs immediately prior to the accident, had any physician prescribed medication or drugs for you which you should have been taking at the time of the accident? _____ If so, what was it, and who prescribed it for you? _____

Diminished capacity for enjoying life

Description of Disability:

(1) Does or did claimant experience any of the following:

Limitation of motion?	_____ Yes _____ No
Dizzy spells which might suggest brain damage?	_____ Yes _____ No
Blurred vision?	_____ Yes _____ No
Impairment of hearing?	_____ Yes _____ No
Impairment of taste?	_____ Yes _____ No
Impairment of smell?	_____ Yes _____ No
Loss of teeth?	_____ Yes _____ No
Irritability?	_____ Yes _____ No
Poor appetite?	_____ Yes _____ No
Knee jerks?	_____ Yes _____ No
Tenseness?	_____ Yes _____ No
Apprehension?	_____ Yes _____ No
Permanent injury or damage?	_____ Yes _____ No
Emotional problems?	_____ Yes _____ No
Others?	_____ Yes _____ No

If so, describe: _____

(2) Can claimant show a probability of future injury arising out of the injury or impairment of health, such as:

Arthritis from trauma?	_____ Yes _____ No
Epilepsy from brain damage?	_____ Yes _____ No
Cancer from x-ray burns?	_____ Yes _____ No
Danger of rebreaking the same bone?	_____ Yes _____ No
Pneumonia due to lowered resistance?	_____ Yes _____ No
Additional x-ray exposure?	_____ Yes _____ No
Others?	_____ Yes _____ No

Description of Skills, Hobbies, Recreational Pastimes:

(3) Did claimant enjoy a skill not used in day-to-day work, such as:

Photography?	_____ Yes _____ No
Woodworking?	_____ Yes _____ No
Needlework?	_____ Yes _____ No
Painting?	_____ Yes _____ No
Playing musical instruments?	_____ Yes _____ No
Others?	_____ Yes _____ No

(4) If claimant had such a skill, describe that skill as to the following:

How the skill was acquired: _____

When the skill was acquired: _____

How often it was employed: _____

Purpose for which employed: _____

Economic gain derived from it: _____

(5) Did claimant enjoy recreational pastimes, such as:

Reading the paper?	_____ Yes _____ No
Watching television?	_____ Yes _____ No
Playing cards?	_____ Yes _____ No
Engaging in sports activities?	_____ Yes _____ No
Dancing?	_____ Yes _____ No
Hunting?	_____ Yes _____ No
Being companion husband or wife?	_____ Yes _____ No
Traveling?	_____ Yes _____ No
Gourmet dining or cooking?	_____ Yes _____ No
Drinking?	_____ Yes _____ No
Others?	_____ Yes _____ No

Description of Injury Impact upon Enjoyment of Life:

(6) Is claimant now, or will she/he in the future be denied the exercise of any of the above skills or pastimes? _____ Yes _____ No

(7) Have claimant's prospects of marriage been diminished? _____ Yes _____ No

(8) Has the injury interfered in any way at all with claimant's enjoyment of life? _____ Yes _____ No

If so, explain: _____

Physical pain and suffering

Past Physical Pain and Suffering:

(1) Was claimant conscious of the pain and suffering at the time of the injury? Yes _____ No _____

(2) Are there any witnesses who have observed and can describe claimant's pain and suffering? Yes _____ No _____

(3) Can any relevant hospital records be found to help establish claimant's pain and suffering? Yes _____ No _____

(4) How does claimant describe the pain and suffering? _____

(5) How does the physician describe the claimant's pain and suffering? _____

(6) Are drugs required to relieve claimant of the pain and suffering? Yes _____ No _____

If so, describe: _____

(7) Can any illustration or photograph be used to show pain and suffering?
Yes_____ No_____

If so, describe: _____

(8) Should any medical techniques for proving, measuring and evaluating pain be employed? Yes_____ No_____

If so, describe: _____

(9) Describe claimant's facial expression (e.g., pinched features, facial tension, dilated pupils, sweaty skin): _____

(10) Does claimant groan or cry involuntarily? Yes_____ No_____

(11) Does an electrocardiogram reveal any effect of the injury on the claimant's heart?
Yes_____ No_____

(12) What are claimant's pulse rate, blood pressure, metabolic rate, respiration rate, temperature and thermograph readings now as compared with before the injury? _____

(13) What cuts, bruises or scars are now exhibited by claimant?

Describe: _____

(14) Does claimant experience muscle spasms? Yes_____ No_____

(15) Can anything be learned from giving claimant a movement test? Yes_____ No_____

(16) How would expert medical testimony characterize claimant's pain and suffering?

Future Pain and Suffering:

(1) Can it be shown with reasonable medical certainty that the disability, pain and suffering already manifested will be projected into the future? Yes_____ No_____

(2) What would expert medical testimony characterize as the probability that claimant will experience pain and suffering in the future? _____

(3) Distinguish carefully between probable consequences flowing from the original injury and those that are related thereto but which would have resulted notwithstanding the original injury: _____

Mental and emotional pain and suffering

Past Mental and Emotional Pain and Suffering:

(1) Was claimant conscious of the mental pain and suffering? Yes _____
No _____

(2) How does claimant describe the pain and suffering?

Grief?	Yes _____ No _____
Anxiety?	Yes _____ No _____
Worry?	Yes _____ No _____
Mortification?	Yes _____ No _____
Humiliation?	Yes _____ No _____
Fright?	Yes _____ No _____

(3) Does claimant suffer permanent scars or disfigurement as a result of this injury?
Yes _____ No _____

(4) If so, describe the emotional impact upon claimant: _____

(5) Are there any witnesses who have observed the manifestations of claimant's mental pain and suffering? Yes _____ No _____

(6) Can any relevant hospital records be found to help establish claimant's mental pain and suffering? Yes _____ No _____

(7) How does the physician describe claimant's mental pain and suffering? (If "severe," be sure to indicate.) _____

(8) Do examination and psychological tests indicate claimant's symptoms are suggestive of a type of neurosis following trauma? Yes_____ No_____

(9) Has claimant suffered any of the following reactions?

Anxiety reactions?	Yes__ No__		
Phobic reactions?	Yes__ No__	Conversion reactions?	Yes__ No__
Obsessive-compulsive reactions?	Yes__ No__		
Depressive reactions?	Yes__ No__		
Other?	Yes__ No__		

If so, describe: _____

(10) Are drugs required to ease claimant's mental pain and suffering? Yes_____ No_____

(11) How would expert medical testimony characterize claimant's mental pain and suffering? _____

Future Mental and Emotional Pain and Suffering:

(1) Can it be shown with reasonable certainty that the mental and emotional pain and suffering already manifested will be projected into the future? Yes_____ No_____

(2) What would expert medical testimony characterize as the probability of and degree to which claimant will experience mental and emotional pain and suffering in the future?

(3) Distinguish carefully between probable consequences flowing from the original injury and those that are related thereto but which would have resulted notwithstanding the original injury: _____

Loss of earning capacity

Re: _____

Date: _____

Present Impairment:

(1) Was claimant considered a skilled worker? _____ Yes _____ No

If so, describe the extent to which this skill was reflected in salary and position:

(2) Has claimant lost skills that were used on the job? _____ Yes _____ No

If so, describe:

What skill was lost? _____

How was skill acquired? _____

When was skill acquired? _____

How long does it take the average person to acquire it? _____

How long did it take claimant to acquire it? _____

(3) To what extent is claimant now able to do former work? _____

(4) Would it be possible for claimant to regain former skill despite injury? _____
Yes _____ No

(5) Has claimant tried? _____ Yes _____ No

(6) If so, with what result? _____

(7) Will it be necessary for claimant to be retrained? _____ Yes _____ No

If so, describe nature and extent of retraining: _____

(8) How has the injury affected claimant's earnings or salary? _____

(9) What are the best earnings or salary claimant can expect in the former occupation?

(10) What is the present value of claimant in the labor and services market, taking into consideration the following factors:

Age: _____

Intelligence: _____

Habits: _____

Health: _____

Occupation: _____

Life expectancy: _____

Present abilities: _____

Probable increase or decrease in present abilities in time: _____

Wage rate: _____

Training: _____

(11) Should an economist-statistician be utilized to establish the value of the impairment of earnings? _____ Yes _____ No

Future Impairment:

(1) Does claimant believe that earnings will be impaired in the future? _____ Yes
_____ No

If so, upon what authority is that belief based? _____

(2) What is the probability that claimant's earning capacity will be impaired? _____

(3) Has claimant's earning capacity impairment commenced? _____ Yes _____
No

(4) If not, when will such impairment likely begin? _____ Yes _____ No

Past & Future Impairment of Earnings of Minor Children:

(1) Does claimant believe that earnings will be impaired in the future? _____ Yes
_____ No

(2) At that time, what was the child's general physical condition? _____

(3) What was the child's general mental ability as evidenced by the following:

School grades: _____

School attendance: _____

Attitude: _____

Participation in extra-curricular activities: _____

(4) What was the duration of the child's absence from school? _____

(5) What effect has the absence had upon the child's school performance? _____

(6) What was the child's general ability to do schoolwork before and after the injury?

(7) Elicit facts to show child's physical and mental disabilities: _____

(8) Elicit facts to show effects of injuries upon child's ability to play, learn and care for
self: _____

(9) Was the value of the child's services to the parents offset by the cost of maintaining the child during the period in which the services have been claimed to have been lost?
_____ Yes _____ No

If so, explain: _____

Loss of consortium

Did defendant's conduct:

Deprive one spouse of services or companionship? _____ Yes _____ No

Deprive both spouses together of services or companionship? _____ Yes _____
No

Deprive children of services or companionship? _____ Yes _____ No

Nature of Interest Violated:

Was the interest in the society and companionship of a spouse? _____ Yes
_____ No

Was the interest in the chastity of a spouse? _____ Yes _____ No

Was the interest in the loss of services in the household? _____ Yes _____ No

Was the interest in the loss of support and shelter? _____ Yes _____ No

Was some other interest violated? _____ Yes _____ No

Was the interest one made because of the parental relation? _____ Yes _____
No

Was the interest in the custody and control over the children, such as reverence, respect, obedience, gratitude, etc.? _____ Yes _____ No

Was the interest in the society and companionship of a child? _____ Yes _____
No

Was the interest in the affection of a child? _____ Yes _____ No

Was the interest in the chastity of a child? _____ Yes _____ No

Was the interest in the claim of the parents to the services of a child? _____ Yes
_____ No

Was the interest one that a child may make because of the filial relationship? _____
Yes _____ No

Was the interest in support during infancy? _____ Yes _____ No

Was the interest in health during infancy? _____ Yes _____ No

Was the interest in education and training during infancy? _____ Yes _____ No

Actions Taken Subsequent to Defendant's Conduct:

Have any servants been hired to replace claimant? _____ Yes _____ No

If so, at what cost? _____

What other steps have been taken as a result of defendant's acts? _____