



# STINSON LASSWELL & WILSON

## ATTORNEYS AT LAW

255 N. WATER ST. WICHITA, KANSAS 67202 | (316) 264-9137

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### PERSONAL INJURY QUESTIONNAIRE

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ How long at this address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Birth Date (mm/dd/yy): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License State & #: \_\_\_\_\_

Any other names or nicknames you are known by: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list any other addresses and how long you have lived at these during the past (5) years: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Current Employer: \_\_\_\_\_

Employer Address (City & State): \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

How long have you been employed with this employer? \_\_\_\_\_

Current Position: \_\_\_\_\_ Gross Salary: \_\_\_\_\_

Base Wage/Salary: \_\_\_\_\_ Hours Worked per Week: \_\_\_\_\_

Average Overtime per Week: \_\_\_\_\_

Commissions and/or Bonuses: \_\_\_\_\_

\_\_\_\_\_

Please state your employment history for the past (5) years.

Place of Employment	Dates of Employment	Immediate Supervisor	Position	Reason for Leaving

What is your highest level of education? \_\_\_\_\_

High School Name & Location: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

College/Trade School Name & Location: \_\_\_\_\_

Area of Study: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Current Marital Status: \_\_\_\_\_

If married, divorced or widowed, please complete for each spouse.

Name of Spouse	Date of Marriage	Place of Marriage	Date of Divorce/Death	Place of Divorce/Death

Have you ever been a member of the Armed forces?

Yes

No

If so, please complete the below table.

Branch of Service	Dates of Service	Place of Discharge or Separation from Active Duty

Have you ever been convicted of a felony or misdemeanor?

Yes

No

If so, please complete the below table.

Nature of Offense	Date of Offense	Place of Offense	Date of Conviction

Except for this present claim, have you ever had or made any other claims or suits for injury or disability?

Yes

No

If so, please complete the below table. Please include all other claims for personal injury, Worker's Compensation, Social Security Disability or Veterans Benefits.

Nature of Claim, Injury or Disability	Date Claim was Filed	Date of Settlement, if any

Have you at any time before this present claim ever been injured in any manner?

Yes

No

If so, please complete the below for each claim.

Claim #1: Date of Injury: \_\_\_\_\_ Location of Injury: \_\_\_\_\_

Circumstances of Injury: \_\_\_\_\_

Name(s) of Other Parties Involved: \_\_\_\_\_

\_\_\_\_\_

Names of all health care providers who examined or treated you: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Claim #2: Date of Injury: \_\_\_\_\_ Location of Injury: \_\_\_\_\_

Circumstances of Injury: \_\_\_\_\_

Name(s) of Other Parties Involved: \_\_\_\_\_

Names of all health care providers who examined or treated you: \_\_\_\_\_

Claim #3: Date of Injury: \_\_\_\_\_ Location of Injury: \_\_\_\_\_

Circumstances of Injury: \_\_\_\_\_

Name(s) of Other Parties Involved: \_\_\_\_\_

Names of all health care providers who examined or treated you: \_\_\_\_\_

Claim #4: Date of Injury: \_\_\_\_\_ Location of Injury: \_\_\_\_\_

Circumstances of Injury: \_\_\_\_\_

Name(s) of Other Parties Involved: \_\_\_\_\_

Names of all health care providers who examined or treated you: \_\_\_\_\_

Please state the names of all medical practitioners (including chiropractors) who examined and/or treated you within the past (10) years. Also list the names of all hospitals and clinics of which you have been a patient in the past (10) years.

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