



STINSON, LASSWELL & WILSON, L.C.

ATTORNEYS AT LAW

* OLIVE W. GARVEY BUILDING | 200 WEST DOUGLAS, SUITE 100 | WICHITA, KANSAS 67202 | TEL: 316.264.9137 | FAX: 316.264.3791 *

PERSONAL INJURY QUESTIONNAIRE

Name: _____

Any other names you are known by: _____

Address: _____

City, State, Zip: _____

How long at this address: _____

Please list any other addresses and how long you have lived there during the past five years:

Home Phone: (_____) _____

Work Phone: (_____) _____

Fax: (_____) _____

Cell Phone: (_____) _____

Birth Date: _____

Place of Birth: _____

Social Security Number: _____

Driver's License Number (please include state where issued): _____

Father's Name: _____

Address: _____

City, State, Zip: _____

Mother's Name: _____

Address: _____

City, State, Zip: _____

Please list complete history of your education or any other vocational training you have received:

High School: _____

College: _____

Trade School: _____

Other: _____

Degrees: _____

Current Marital Status: Single Married Divorced Widowed

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

Current Employer Name: _____

Address: _____

City, State, Zip: _____

Employer's Telephone Number: (_____) _____

Immediate Supervisor: _____

How long with current employer? _____

Current Position: _____

Current Salary: _____

Please State Your Employment History for the Last Five (10) Years:

Place of Employment	Dates of Employment	Immediate Supervisor	Position	Reason for Leaving
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				

Have you ever been a member of the Armed Forces:

Yes No

If so, please complete:

Branch of Service of Which You Were a Member	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:

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

(Please include all other claims for personal injury, Worker's Compensation, Social Security Disability or Veterans Benefits)

If so, please complete:

Nature of Claim, Injury or Disability	Date Claim was Filed	Date of Settlement <i>(if any)</i>

Have you at any time before this present claim ever been injured in any manner: Yes No
If so, please complete:

Claim # 1:

Date of Injury: _____

Location of Injury: _____

Circumstances of Injury: _____

Name(s) of Other Parties Involved: _____

Names of All Physicians, Surgeons or other 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 Physicians, Surgeons or other 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 Physicians, Surgeons or other 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 Physicians, Surgeons or other Health Care Providers Who Examined or Treated You:

