



LAW OFFICES OF

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A PROFESSIONAL LAW CORPORATION

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**CLIENT CIVIL LITIGATION QUESTIONNAIRE**

**CLIENT INFORMATION:**

Name: \_\_\_\_\_ Spouse \_\_\_\_\_

How did you hear about our office (phone book?) or who referred you: \_\_\_\_\_

List any other names you have used or been known by other than shown above, stating when and why you used such other name(s):  
\_\_\_\_\_

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

Phone: Home # \_\_\_\_\_

Cell # \_\_\_\_\_

Business # \_\_\_\_\_

Message # \_\_\_\_\_

Drivers License # \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Occupation / Employer: \_\_\_\_\_

Duties: \_\_\_\_\_

Income loss from matter: \_\_\_\_\_

**(YOUR) Insurance Companies:**

Auto \_\_\_\_\_

Policy #: \_\_\_\_\_ Claim # \_\_\_\_\_

Health \_\_\_\_\_

Policy #: \_\_\_\_\_ Claim # \_\_\_\_\_

Business: \_\_\_\_\_

Policy #: \_\_\_\_\_ Claim # \_\_\_\_\_

Home Owners: \_\_\_\_\_

Policy #: \_\_\_\_\_ Claim # \_\_\_\_\_

Coverage amount for applicable insurance: \_\_\_\_\_

Insurance adjuster info: \_\_\_\_\_

**OTHER / ADVERSE PARTY'S INFORMATION:**

Name: \_\_\_\_\_

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

Phone # \_\_\_\_\_

Driver's License #: \_\_\_\_\_

**Other Party's Insurance Company:**

Auto \_\_\_\_\_ Policy #: \_\_\_\_\_ Claim # \_\_\_\_\_

Health \_\_\_\_\_ Policy #: \_\_\_\_\_ Claim # \_\_\_\_\_

Business: \_\_\_\_\_ Policy #: \_\_\_\_\_ Claim # \_\_\_\_\_

Home Owners: \_\_\_\_\_ Policy #: \_\_\_\_\_ Claim # \_\_\_\_\_

Coverage amount for applicable insurance: \_\_\_\_\_

Insurance adjuster info: \_\_\_\_\_

**OTHER INCIDENT, ACCIDENTS, INJURIES AND LAWSUITS:**

Your attorney must know all your past injuries and lawsuits. If your attorney does not know of your past history, he can not properly handle your case. One will not be penalized by the courts for past claims or lawsuits if they were reasonable. Failure to mention other accidents and/ or injuries can undermine your lawsuit, no matter how trivial they may seem. Therefore, please list every accident and / or injury, whether it resulted in a claim for damages or not.

**State the DATE, PLACE, NATURE OF INCIDENT AND / OR INJURIES: If none, so state:**

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

**POLICE RECORD:**

It is the law in California that if a person has a criminal record, no matter how long ago, or what the circumstances, that may be brought up at trial. The defense will make a complete investigation of your background, and we must be prepared against development of unfavorable evidence. **Therefore, please list ALL ARRESTS, if any, and state the DATE, PLACE, CHARGE, and RESULT OF THE ARREST:**

\_\_\_\_\_

**NATURE OF CIVIL LITIGATION MATTER:**

Date of incident or breach: \_\_\_\_\_

Location of incident: \_\_\_\_\_

In what City did the incident or breach occur: \_\_\_\_\_ County: \_\_\_\_\_

List the address where the incident or breach occurred: \_\_\_\_\_

Are there any government or business report regarding the matter? If so please state such information: \_\_\_\_\_

\_\_\_\_\_

**DETAILS OF THE INCIDENT:**

Names, addresses, phone numbers of Witnesses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Circumstances/Type of Incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In your own words please describe the incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

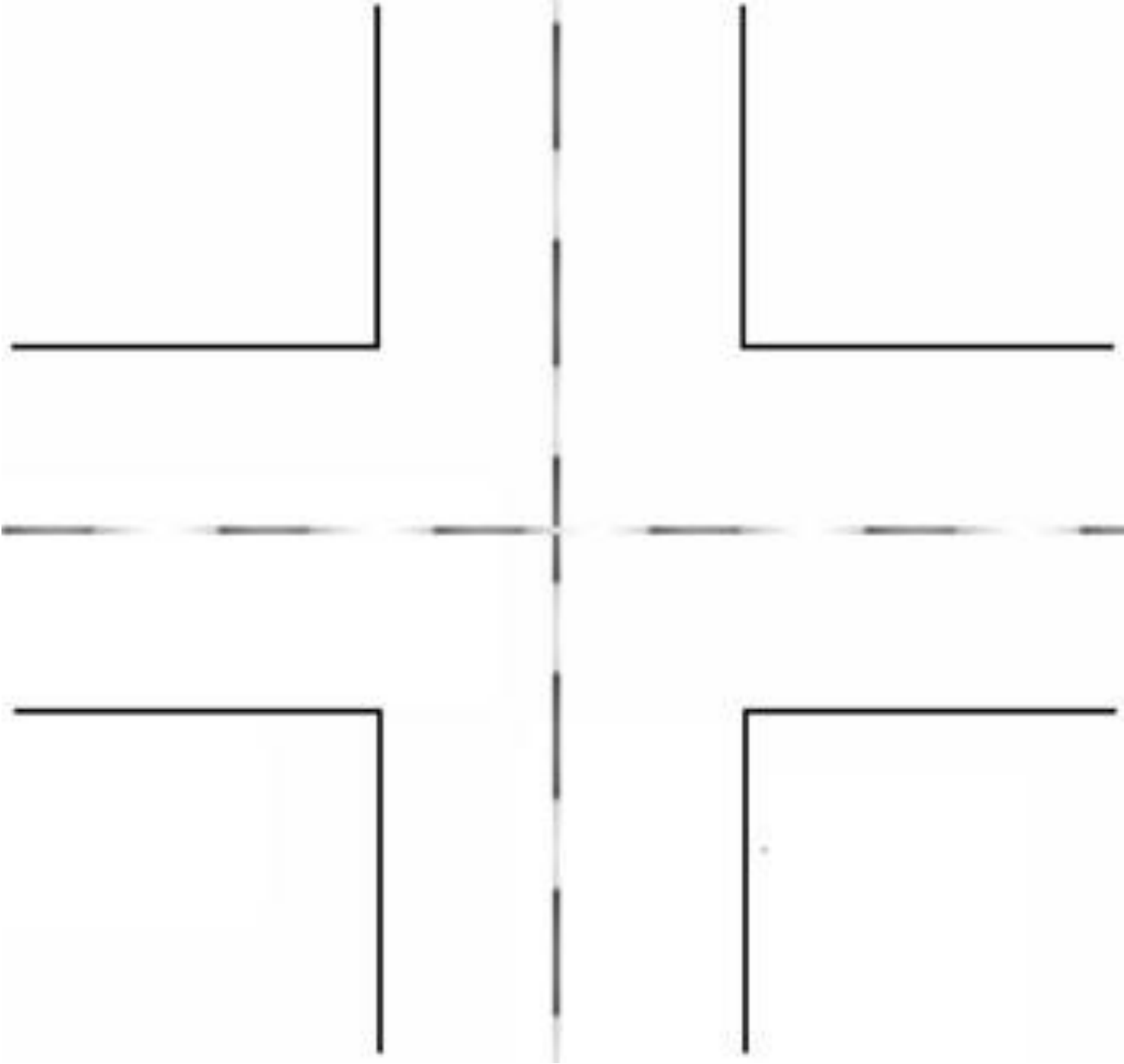
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please diagram how the incident happened if it occurred on a road way:



**PRIOR INJURIES / DAMAGES:**

Have you ever filed complaint or report about a similar situation: YES \_\_\_\_ NO \_\_\_\_

If so, please list the type of case, injury and personal involved:

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**INJURIES FROM ACCIDENT:**

Were you damaged do to the fault of the other party: YES \_\_\_\_ NO \_\_\_\_

PLEASE DESCRIBE HOW WERE INJURED OR DAMAGED:

**AT THE TIME OF THE INCIDENT:** \_\_\_\_\_

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**IMMEDIATELY** after the incident: \_\_\_\_\_

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**SINCE THE INCIDENT:** \_\_\_\_\_

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DESCRIBE ALL OF YOUR DAMAGES: \_\_\_\_\_

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**GENERAL BACKGROUND:**

Your attorney must know about your background. Your educational and physical history may have an important bearing upon your case.

**Education**

High School: \_\_\_\_\_

College / Vocational Training: \_\_\_\_\_

**WORK BACKGROUND:**

Where you employed at the time of the accident? YES \_\_\_\_ NO \_\_\_\_

Self Employed or Employers name, address and phone number: \_\_\_\_\_

What was your job title and duties: \_\_\_\_\_

How many hours a week were you working before the incident? \_\_\_\_\_

How many hours a week are you working since the incident? \_\_\_\_\_

What was your rate of pay (monthly, etc.): \_\_\_\_\_

Have you owned the same business or remained at the same job? YES \_\_\_\_ NO \_\_\_\_

**INCOME LOSS**

If you lost income please stated the dates, amounts lost and how calculated: \_\_\_\_\_

If you have closed or sold your business or changed jobs or are no longer employed, please give a summary of your reason for selling, closing or leaving your employer following the incident:

If you have started a new business or changed jobs since the incident please list your present employer / job, rate of pay, and hours worked, etc.: \_\_\_\_\_

Please list your employment records as far back as possible: \_\_\_\_\_

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**PROPERTY DAMAGE:**

Do you attribute any loss of or damage to property: Yes No

Do you have photos of the damage to the property: Yes No (if not, please take photos immediately)

Describe the property damaged: \_\_\_\_\_

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Location of Damage to property (ie front, back, etc.): \_\_\_\_\_

Has a written estimate for repair been done? Yes No Amount of Estimate for Repair: \_\_\_\_\_

Who Prepared the Estimate: \_\_\_\_\_

Was the property repaired? Yes No Who repaired the property: \_\_\_\_\_

What was the cost of repair: \_\_\_\_\_ Do you still have the property? Yes No

List all other relevant information the attorney needs to know: \_\_\_\_\_

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If you need more room, please attach another sheet or sheets of paper.

Additionally, please provide all relevant documentation including contracts, reports, correspondence (from insurance and the other party) and proof of damages.