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**MALPRACTICE CONFIDENTIAL CLIENT INFORMATION FORM**

This questionnaire is a confidential questionnaire for the use of our office only in preparing your claim for malpractice. Please answer every question fully and accurately. As your attorneys, we must know all about you and your case. If we are unaware of a fact because of an incorrect or incomplete answer, that response could cause you to lose your case.

**VICTIM'S INFORMATION**

1. FULL NAME: \_\_\_\_\_
2. BIRTHPLACE: \_\_\_\_\_
3. BIRTH DATE: \_\_\_\_\_
4. IF DECEASED, DATE OF DEATH: \_\_\_\_\_
5. SOCIAL SECURITY NUMBER: \_\_\_\_\_
6. ADDRESS: \_\_\_\_\_
7. PHONE NUMBER: CELL: \_\_\_\_\_ HOME: \_\_\_\_\_
8. E-MAIL ADDRESS: \_\_\_\_\_
9. MARITAL STATUS: \_\_\_\_\_
  - a. SPOUSES NAME: \_\_\_\_\_ MARRIAGE DATE: \_\_\_\_\_
  - b. IF DIVORCED, DATE OF DIVORCE: \_\_\_\_\_
10. CHILDREN/GRANDCHILDREN/OTHER DEPENDENTS:

<b><u>NAME</u></b>	<b><u>AGE</u></b>	<b><u>ADDRESS</u></b>	<b><u>RELATIONSHIP</u></b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____







- |                                       |                                |                                   |
|---------------------------------------|--------------------------------|-----------------------------------|
| Cricket _____                         | Horseshoes _____               | Ping Pong _____                   |
| Wrestling _____                       | Windsurfing _____              | Use of Pogo Stick<br>_____        |
| Sewing _____                          | Crocheting _____               | Surfing _____                     |
| Boogie Boarding _____                 | Snowboarding _____             | Fishing _____                     |
| Bird Watching _____                   | Painting _____                 | Painting _____                    |
| Photography _____                     | Musical<br>Instrument(s) _____ | Reading _____                     |
| Meditating _____                      | Volleyball _____               | Paddleball _____                  |
| Handball _____                        | Paragliding _____              | High Jumping _____                |
| Discus Throwing _____                 | Javelin Throwing _____         | Shooting _____                    |
| Rugby _____                           | Bungee Jumping _____           | Frisbee Throwing _____            |
| Sailing _____                         | Motorcycling _____             | Darts _____                       |
| Pool _____                            | Scuba Diving _____             | Snorkeling _____                  |
| Sit ups _____                         | Pushups _____                  | Yoga _____                        |
| Building Models _____                 | Martial Arts _____             | Street Hockey _____               |
| Stickball _____                       | Soccer _____                   | Gymnastics _____                  |
| Snowshoeing _____                     | Knitting _____                 | Collecting Coins,<br>Stamps _____ |
| Getting in and out of<br>a boat _____ | Cards _____                    |                                   |

**SOCIAL ACTIVITIES:**

- |                               |                       |                       |
|-------------------------------|-----------------------|-----------------------|
| Dancing _____                 | Dining Out _____      | Sightseeing _____     |
| Going to the Zoo _____        | Going to Museum _____ | Going to Parade _____ |
| Going to the Library<br>_____ | Walking _____         | Driving Car _____     |

Holidays:

New Year's Eve \_\_\_\_\_ New Year's Day \_\_\_\_\_ Memorial Day \_\_\_\_\_  
Labor Day \_\_\_\_\_ Yom Kippur \_\_\_\_\_ Rosh Hashanah \_\_\_\_\_  
Easter \_\_\_\_\_ Christmas \_\_\_\_\_ Halloween \_\_\_\_\_  
Mother's Day \_\_\_\_\_ Father's Day \_\_\_\_\_

**Entertaining:**

Meeting New People \_\_\_\_\_ Cruises \_\_\_\_\_ Visiting Family \_\_\_\_\_  
\_\_\_\_\_   
Going to Movies \_\_\_\_\_ Visiting a Battlefield \_\_\_\_\_ Going to Disney \_\_\_\_\_  
\_\_\_\_\_   
Visiting Friends \_\_\_\_\_ Going to Parties \_\_\_\_\_ Singing \_\_\_\_\_  
Attending Church \_\_\_\_\_ Reading \_\_\_\_\_ Listening to  
Music \_\_\_\_\_  
Shopping \_\_\_\_\_ Vacations \_\_\_\_\_ Going to Concerts  
\_\_\_\_\_   
Going on amusement Barbecue \_\_\_\_\_ Going to the Beach  
rides \_\_\_\_\_   
Going to Antique Shows  
or Fleas \_\_\_\_\_

**WORK AROUND THE HOME:**

**COOKING -**

Chopping \_\_\_\_\_ Dicing \_\_\_\_\_ Holding Bowls \_\_\_\_\_  
Baking Cookies \_\_\_\_\_ Stirring \_\_\_\_\_ Basting \_\_\_\_\_  
Holding Pots/Pans \_\_\_\_\_ Slicing \_\_\_\_\_ Canning \_\_\_\_\_  
Jarring \_\_\_\_\_ Baking Pies \_\_\_\_\_ Mixing \_\_\_\_\_  
Cutting \_\_\_\_\_ Pouring \_\_\_\_\_ Setting Table \_\_\_\_\_  
Lifting \_\_\_\_\_ Grinding \_\_\_\_\_ Opening Jars \_\_\_\_\_

Opening Cans \_\_\_\_\_ Chopping Ice \_\_\_\_\_ Frying \_\_\_\_\_

Taking things out of freezer/oven \_\_\_\_\_

**CLEANING -**

Doing Dishes \_\_\_\_\_ Scrubbing Pans \_\_\_\_\_ Mopping \_\_\_\_\_

Dusting \_\_\_\_\_ Beating Rugs \_\_\_\_\_ Changing sheets \_\_\_\_\_

Cleaning Windows \_\_\_\_\_ Ladder Climbing \_\_\_\_\_ Ironing \_\_\_\_\_

Waxing Floors \_\_\_\_\_ Vacuuming \_\_\_\_\_ Cleaning Floors \_\_\_\_\_

Sweeping \_\_\_\_\_ Using a Dishwasher \_\_\_\_\_  
\_\_\_\_\_

Making Bed \_\_\_\_\_ Cleaning Fans \_\_\_\_\_ Folding Laundry \_\_\_\_\_

Shampooing Rugs \_\_\_\_\_ Polishing \_\_\_\_\_ Cleaning Bathtub, Sink  
& Toilet \_\_\_\_\_

Carrying Loads of Laundry \_\_\_\_\_ Raising and Lowering  
Windows \_\_\_\_\_

**HOUSE & YARD WORK -**

Mulching \_\_\_\_\_ Painting \_\_\_\_\_ Spackling \_\_\_\_\_

Hanging Pictures \_\_\_\_\_ Hammering \_\_\_\_\_ Sawing \_\_\_\_\_

Mowing Grass \_\_\_\_\_ Weeding \_\_\_\_\_ Pruning \_\_\_\_\_

Fertilizing \_\_\_\_\_ Spraying \_\_\_\_\_ Taking Out Trash \_\_\_\_\_

Watering Lawn \_\_\_\_\_ Digging \_\_\_\_\_ Walking Dog \_\_\_\_\_

Feeding Dog \_\_\_\_\_ Changing Car Oil \_\_\_\_\_ Changing Tires \_\_\_\_\_

Washing Car \_\_\_\_\_ Cleaning Car Interior \_\_\_\_\_  
\_\_\_\_\_

Moving Furniture \_\_\_\_\_ Chopping Wood \_\_\_\_\_ Starting a Fire \_\_\_\_\_

Cleaning Gutters \_\_\_\_\_ Climbing a Ladder \_\_\_\_\_ Installing Fire Alarms  
\_\_\_\_\_

Using Fire Extinguisher \_\_\_\_\_ Gardening \_\_\_\_\_ Changing Light Bulbs  
\_\_\_\_\_

Tree Climbing _____	Tree Trimming _____	Installing Shelves _____
Fixing Clogged Toilet _____	Fixing Leaks _____	Using a Drill _____
Scraping Walls _____	Getting on a Roof _____	Using a screwdriver _____
Using a Wrench _____	Arranging Flowers _____	Stacking Wood _____
Putting in Anti-Freeze _____	Filling Bird Feeders _____	Getting Mail _____
Setting Clocks _____	Fixing Potholes _____	Cutting Down Trees _____
Cutting Hay _____	Using a chainsaw _____	Cleaning Pool _____
Putting & Removing Items from Attic _____	Planting Flowers or Shrubs _____	Shoveling Driveway & Walks _____
Raking & Bagging Leaves _____	Putting in Storm Windows or Screens _____	Putting in and taking out air conditioner _____
Changing Batteries in Smoke Alarms _____	Clearing Brush & Growth _____	

**ACTIVITIES WITH CHILDREN/GRANDCHILDREN:**

Birth _____	Carrying _____	Feeding _____
Bathing _____	Changing Diapers _____	Picking up after them _____
Pushing Stroller _____	Hugging _____	Running after them _____
Disciplining them _____	Rocking them _____	Combing their hair _____
Drying their hair _____	Catching bugs _____	Looking at clouds _____



Tucking them in bed _____	Taking them to beach _____	Packing lunches _____
Dressing them _____	Cuddling them _____	Wrestling with them _____
Playing with them _____	Holding them _____	Kissing them _____
Driving them _____	Giving a bottle _____	Brushing their teeth _____
Shampooing their hair _____	Towelng them dry _____	Giving piggy back rides _____
Cooking with them _____	Teaching them Sports & Activities _____	Washing their hands and face _____
Coloring and painting with them _____	Putting them on shoulders _____	Carrying them in a baby sling _____

**PERSONAL ACTIVITIES**

Bathing _____	Shampooing _____	Brushing Teeth _____
Toilet Care _____	Gargling _____	Putting on clothes _____
Buttoning _____	Cutting food _____	Swallowing _____
Tying a tie _____	Applying hair product _____	Painting nails _____
Showering _____	Shaving _____	Flossing _____
Combing or Brushing hair _____	Applying makeup _____	Cleaning ears _____
Applying deodorant _____	Tying shoes _____	Zippering _____
Chewing _____	Writing _____	Putting on cufflinks _____
Putting on jewelry _____	Cutting toe nails or finger nails _____	

**MISCELLANEOUS:**

Carrying luggage _____	Driving a car _____	Dialing a telephone _____
Holding a telephone _____	Pumping gas _____	Using a Dictaphone _____
Wrapping presents _____	Carrying a purse _____	Trying on clothes _____
Getting up early _____	Avoiding danger _____	Go down a slide _____
Use crutches _____	Holding a book, mag. _____	Holding a mug _____
Carrying a briefcase _____	Sleeping _____	Typing _____
Using a remote _____	Using a computer _____	Carrying groceries _____
Wearing high heels _____	Carrying an umbrella _____	Staying up late _____
Put on, wear boots _____	Use a swing _____	Use a cane _____
Winding a watch _____	Turning lights on, off _____	Getting in and out of a car _____

**INTER-PERSONAL:**

Sexual _____	Hugging _____	Caressing _____
Massaging _____	Touching _____	Kissing _____
Feeling attractive _____	Flirting _____	

**PHYSICAL FUNCTIONS:**

Standing _____	Squatting _____	Bending to side _____
Holding _____	Climbing _____	Sitting _____
Getting up _____	Scratching _____	Standing on one foot _____
Hopping _____	Jumping _____	Eating _____

Chewing \_\_\_\_\_

Stand on your toes  
\_\_\_\_\_

Smelling \_\_\_\_\_

Running \_\_\_\_\_

Crouching \_\_\_\_\_

Bending over \_\_\_\_\_

Lifting \_\_\_\_\_

Kicking \_\_\_\_\_

Twisting \_\_\_\_\_

Lying down \_\_\_\_\_

Stretching \_\_\_\_\_

Touching toes \_\_\_\_\_

Doing a handstand  
\_\_\_\_\_

Skipping \_\_\_\_\_

Drinking \_\_\_\_\_

Smoking \_\_\_\_\_

Whistling \_\_\_\_\_

Tasting \_\_\_\_\_

Walking \_\_\_\_\_

Crawling \_\_\_\_\_

**EMOTIONAL/PSYCHIATRIC :**

Depression \_\_\_\_\_

Memory Loss \_\_\_\_\_

Confusion \_\_\_\_\_

Irritability \_\_\_\_\_

Loneliness \_\_\_\_\_

Anger \_\_\_\_\_

Suicidal \_\_\_\_\_

Preoccupied \_\_\_\_\_

Nightmares \_\_\_\_\_

Hearing Loss \_\_\_\_\_

Balance problems \_\_\_\_\_

Flashbacks \_\_\_\_\_

Spelling problems  
\_\_\_\_\_

Lack of sexual  
interest \_\_\_\_\_

Insecurity \_\_\_\_\_

Humiliation \_\_\_\_\_

Scarring \_\_\_\_\_

Anxiety \_\_\_\_\_

Short Temper \_\_\_\_\_

Delay \_\_\_\_\_

Isolation \_\_\_\_\_

Fear \_\_\_\_\_

Self-doubt \_\_\_\_\_

Worried \_\_\_\_\_

Obsessed \_\_\_\_\_

Sweats \_\_\_\_\_

Visual Problems \_\_\_\_\_

Lack of Coordination  
\_\_\_\_\_

Can't Find Right Word  
\_\_\_\_\_

Phobias \_\_\_\_\_

Impotence \_\_\_\_\_

Embarrassment \_\_\_\_\_

Paranoia \_\_\_\_\_

**SOCIAL MEDIA**

**WARNING! ANY INFORMATION, PICTURES, OR VIDEOS POSTED ON SOCIAL NETWORKING SITES AND THE INTERNET MAY AFFECT YOUR CLAIM. EVEN IF YOU AVE LIMITED WHO MAY ACCESS YOUR ACCOUNT, ALL INFORMATION MAY BE SHARED OR ABLE TO BE ACCESSED IN THE LAWSUIT'S DISCOVERY PROCESS.**

**IN NO EVENT SHOULD YOU DELETE ANY INFORMATION FROM YOUR SOCIAL MEDIA SITES, NOR SHOULD YOU TAKE DOWN YOUR PROFILES. THOSE ACTIONS MAY BE A VIOLATION OF YOUR DUTY TO PRESERVE ALL REVELANT EVIDENCE RELATING TO YOUR CLAIM**

- 18. List Victim's Social Networking/Social Media Activity:  
(e.g., Facebook, Twitter, Google+, LinkedIn, Yahoo!360, Instagram, Snapchat, etc.)

<u>SITE</u>	<u>USER NAME/SCREEN NAME/HANDLE</u>

**VICTIM'S MEDICAL HISTORY BEFORE MALPRACTICE**

**THIS IS EXTREMELY IMPORTANT: DEFENSE WILL MOST LIKELY OBTAIN RECORDS FROM ALL PAST MEDICAL PROVIDERS**

- 19. List ALL Medical Providers for TEN YEARS PRIOR to Malpractice:
  - a. LIST PRIMARY CARE DOCTOR
    - i. Type of Doctor: Primary Care/Internist
    - ii. Address: \_\_\_\_\_
    - iii. Phone Number: \_\_\_\_\_
    - iv. Reason for Seeing Doctor: \_\_\_\_\_
    - v. Type of Treatment: \_\_\_\_\_
  - b. Doctor/Group/Hospital Name: \_\_\_\_\_
    - i. Type of Doctor: \_\_\_\_\_
    - ii. Address: \_\_\_\_\_
    - iii. Phone Number: \_\_\_\_\_
    - iv. Reason for Seeing Doctor: \_\_\_\_\_
    - v. Type of Treatment: \_\_\_\_\_



22. List all Prior Injuries and Surgeries (Include: Nature of Injury, Date, How injury happened, Where, Name of treating doctors):

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23. State DETAILED description of the Physical and Mental Condition of victim PRIOR to malpractice: (include abilities, limitations, deformities, past surgeries, medications, etc.)

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**VICTIM'S INSURANCE INFORMATION**

24. Was victim on Medicare? Yes \_\_\_\_\_  
NO \_\_\_\_\_

a. If yes, list Medicare Number: \_\_\_\_\_

25. Was victim on Medicaid? Yes \_\_\_\_\_  
NO \_\_\_\_\_

a. If yes, list Medicaid Number: \_\_\_\_\_

26. Other Health Insurance:

a. Name of Health Insurance Company: \_\_\_\_\_

b. Policy Number: \_\_\_\_\_

c. Effective Dates of Policy: \_\_\_\_\_

IF VICTIM'S MEDICAL BILLS HAVE BEEN SUBMITTED TO MEDICARE, MEDICAID AND/OR VICTIM'S PRIVATE HEALTH INSURANCE COMPANY, THERE MAY BE A LIEN ON THE MONEY PAID BY VICTIM'S INSURER.

**PLEASE PROVIDE A COPY OF VICTIM'S MEDICARE, MEDICAID AND/OR HEALTH INSURANCE CARD.**

**CLAIM OF MALPRACTICE**

27. Please describe what happened and why you believe it was malpractice?

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28. What doctors, nurses, staff, etc... do you believe committed malpractice and what is it they did personally did or failed to do?

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29. Has a Healthcare Provider or any Professional advised you that someone made a mistake or committed malpractice? If so, please state the names, addresses, and phone numbers of the individual(s):

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30. Date victim first came under the medical care of the potential defendants:

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31. Why did victim consult or come under the care of the potential defendants:

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32. What was the medical history that the victim provided to the defendants:

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33. Describe in detail the examination performed by the potential defendants the first time they met victim:

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34. On what dates did the potential defendant treat you and what treatment was provided on those dates?

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35. Has victim treated or sought treatment with anyone for the injuries suffered relating to the malpractice? If yes, with whom, for what, and when?

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36. Please list all medical providers that participated in the care of victim during the time of the malpractice:

a. Doctor/Physician/Nurse/PT/Etc. Name: \_\_\_\_\_

i. Group Name: \_\_\_\_\_

ii. Hospital Name: \_\_\_\_\_

iii. Type of Care Rendered: \_\_\_\_\_

iv. Dates of Treatment: \_\_\_\_\_

b. Doctor/Physician/Nurse/PT/Etc. Name: \_\_\_\_\_

i. Group Name: \_\_\_\_\_

ii. Hospital Name: \_\_\_\_\_

iii. Type of Care Rendered: \_\_\_\_\_

iv. Dates of Treatment: \_\_\_\_\_

c. Doctor/Physician/Nurse/PT/Etc. Name: \_\_\_\_\_

i. Group Name: \_\_\_\_\_

ii. Hospital Name: \_\_\_\_\_

iii. Type of Care Rendered: \_\_\_\_\_

iv. Dates of Treatment: \_\_\_\_\_

d. Doctor/Physician/Nurse/PT/Etc. Name: \_\_\_\_\_

i. Group Name: \_\_\_\_\_

ii. Hospital Name: \_\_\_\_\_

iii. Type of Care Rendered: \_\_\_\_\_

iv. Dates of Treatment: \_\_\_\_\_

37. Did any medical provider make any statements regarding the care provided to victim? (If so, list the statement, when it was made, where it was made, and to whom it was made)

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

**DAMAGES**

**THE AMOUNT OF RECOVERY MADE IN THIS CASE WILL BE AFFECTED BY THE DAMAGES AND EXPENSES INCURRED AS A RESULT OF THE MALPRACTICE. IT IS IMPORTANT THAT YOU FULLY LIST ALL INFORMATION REGARDING THE VICTIM'S INJURIES AND EXPENSES AS A RESULT OF THIS MALPRACTICE**

38. State in detail all injuries received because of the malpractice: (Physical condition, scars, deformities, headaches, stress, mental health, pains, limitations, discoloration, surgeries, future medical care, medicines, etc.)

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

39. How has the victim's injuries, caused by the malpractice, effected his/her interactions with family, participation in hobbies, recreational activities, clubs, organizations, community service activities, and religious activities:

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40. List all activities which you have not been able to perform or can only perform with difficulty since the malpractice: (such as climbing stairs, cutting grass, doing laundry, gardening, dancing, lifting children, babysitting, jumping, etc.)

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41. Did the victim miss any time at work as a result of the malpractice? YES \_\_\_\_\_ NO \_\_\_\_\_

a. If so, list the dates you were unable to work:

From: \_\_\_\_\_ TO: \_\_\_\_\_

b. If so, list your lost wages due to the malpractice:

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42. List ALL hospitals in which the victim was examined or treated, or to which they were admitted as a patient as a result of the malpractice, the dates, and the costs:

a. Hospital: \_\_\_\_\_

i. Address: \_\_\_\_\_

ii. Dates of Admission: From: \_\_\_\_\_  
To: \_\_\_\_\_

b. Hospital: \_\_\_\_\_

i. Address: \_\_\_\_\_

ii. Dates of Admission: From: \_\_\_\_\_  
To: \_\_\_\_\_

43. List each physician or surgeon who examined or treated victim for the injuries that resulted from the malpractice:

a. Doctor's Name/Group Name: \_\_\_\_\_

i. Address: \_\_\_\_\_

ii. Phone Number: \_\_\_\_\_

iii. Type of Treatment: \_\_\_\_\_

b. Doctor's Name/Group Name: \_\_\_\_\_

i. Address: \_\_\_\_\_

ii. Phone Number: \_\_\_\_\_

iii. Type of Treatment: \_\_\_\_\_

c. Doctor's Name/Group Name: \_\_\_\_\_

i. Address: \_\_\_\_\_

ii. Phone Number: \_\_\_\_\_

iii. Type of Treatment: \_\_\_\_\_

**WITNESSES (FACT AND EYEWITNESS)**

44. List all people who may have information about the malpractice:

a. Name: \_\_\_\_\_

i. Address: \_\_\_\_\_

ii. Phone: \_\_\_\_\_

iii. Age: \_\_\_\_\_

iv. Job: \_\_\_\_\_

v. What does he/she Know: \_\_\_\_\_

b. Name: \_\_\_\_\_

i. Address: \_\_\_\_\_

ii. Phone: \_\_\_\_\_

iii. Age: \_\_\_\_\_

iv. Job: \_\_\_\_\_

v. What does he/she Know: \_\_\_\_\_

c. Name: \_\_\_\_\_

i. Address: \_\_\_\_\_

ii. Phone: \_\_\_\_\_

iii. Age: \_\_\_\_\_

iv. Job: \_\_\_\_\_

v. What does he/she Know: \_\_\_\_\_

45. List three family members who can best explain how the injuries from the claim have affected the victim's life:

a. Name: \_\_\_\_\_

i. Address: \_\_\_\_\_

ii. Relationship: \_\_\_\_\_

b. Name: \_\_\_\_\_

i. Address: \_\_\_\_\_

ii. Relationship: \_\_\_\_\_

c. Name: \_\_\_\_\_

i. Address: \_\_\_\_\_

ii. Relationship: \_\_\_\_\_

46. List five NON-family members who can best explain how the injuries from the claim have affected the victim's life (co-workers, friends, neighbors, etc.)

a. Name: \_\_\_\_\_

i. Address: \_\_\_\_\_

ii. Relationship: \_\_\_\_\_

b. Name: \_\_\_\_\_

i. Address: \_\_\_\_\_

ii. Relationship: \_\_\_\_\_

c. Name: \_\_\_\_\_

i. Address: \_\_\_\_\_

ii. Relationship: \_\_\_\_\_

d. Name: \_\_\_\_\_

i. Address: \_\_\_\_\_

ii. Relationship: \_\_\_\_\_

e. Name: \_\_\_\_\_

i. Address: \_\_\_\_\_

ii. Relationship: \_\_\_\_\_

**PRIOR CLAIMS**

47. If the victim was involved in any type of accident or injury resulting in a claim made by them, other than the present matter, please state the following:

a. When and where was each claim or suit made: \_\_\_\_\_

- b. Type of claim made: \_\_\_\_\_
- c. Name and address of attorney: \_\_\_\_\_
- d. Was a law suit filed? \_\_\_\_\_
- e. Amount of settlement or verdict: \_\_\_\_\_
- f. Date case was closed: \_\_\_\_\_

**OTHER EXAMINING PHYSICIANS**

48. Other than as stated previously, has victim ever been examined by any physician for any other reason in the past ten years? If so, state the names and addresses of the physician and the reason for the exam:

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

**POLICE RECORD**

49. Have you ever been convicted of a crime? If so, state:

- a. Date: \_\_\_\_\_
- b. Place: \_\_\_\_\_
- c. Charges: \_\_\_\_\_
- d. Result: \_\_\_\_\_

50. Is there now or has there ever been a restriction on the victim's drivers license? If so, explain:

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

**CONCLUSION**

In completing this questionnaire, have you thought of any information which we have not asked which may be of some assistance to us in serving you. If so, please state it here, no matter how silly, trivial, or embarrassing it may seem.

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I HAVE READ THE ABOVE STATEMENTS AND THEY ARE TRUE AND CORRECT.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**ITEMS TO COLLECT AND PROVIDE TO LOMURRO LAW**

1. Copies of any discs containing radiological testing (i.e. X-Rays, CT-Scans, MRIs, etc.)
2. Copies of any documents provided by Defendants (i.e. pamphlets, folders, explanatory documents, summary notes, e-mails, text messages, etc.)
3. Copies of any medical records in your possession
4. Photographs and videos of victim **prior** to malpractice. Please provide any photographs or video of victim with family members, being active, participating in events/organizations, enjoying hobbies/activities/life, and demonstrating activity levels
5. Photographs and videos of victim **after** malpractice. Please provide any photographs or video of victim demonstrative limitations, suffering, scaring, bruising, etc.
6. Copies of any calendars, diaries, lists, written notes, or other documents describing appointments, injuries, conversations about malpractice, emotional effects from malpractice, events missed because of malpractice, etc.
7. Copy of victim's Medicare, Medicaid, and/or Health Insurance Card.
8. Five Recent Pay Stubs
9. Copies of Victim's LAST FIVE Federal and State Income Tax Returns Including W-2's.
10. Copies of any bills and expenses incurred because of the malpractice.