

NOLAND LAW FIRM, LLC

Confidential Workers' Compensation Questionnaire

34 Westwoods Drive
Liberty, Missouri 64068
Phone: (816) 781-5055
Fax: (816) 781-5216
www.nolandlawfirm.com

Noland Law Firm, LLC
-2010-

INSTRUCTIONS

Please answer the following questions as fully and accurately as possible. A full and complete disclosure is critical. The following information will be needed in order to properly advise you and handle your case. Please print and fill out every applicable question. If a question is not applicable, please write N/A in the space. Do not leave blanks. This information will help us help you. This information will be kept confidential.

If you need more space, please attach another sheet and clearly indicate which question you are answering. If you are not certain about an answer, leave the space blank. If any question is not applicable, write "N/A" in the blank. You may wish to make a copy to retain for your own records.

You need to keep attorney advised as to your current address and phone number(s).

Any of the information provided to us by you in this questionnaire will be held in the strictest confidence by the Noland Law Firm, LLC.

CONFIDENTIAL

Noland Law Firm, LLC

WORKER'S COMPENSATION - CLIENT WORKSHEET

DATE: _____

BACKGROUND:

FULL NAME: _____

ADDRESS: _____ CITY _____ STATE: _____ ZIP _____

PHONE: (H) _____ (W) _____ OTHER _____

CELL: _____ EMAIL: _____

SSN: _____ DOB: _____

EDUCATION: _____

MARITAL STATUS: (M) (S) (D) _____

PRIOR MARRIAGES, IF SO LIST: _____

SPOUSE'S BACKGROUND:

FULL NAME: _____

ADDRESS: _____ CITY _____ STATE: _____ ZIP _____

PHONE: (H) _____ (W) _____ OTHER _____

CELL: _____ EMAIL: _____

SSN: _____ DOB: _____

EDUCATION: _____

PERSON WHO WILL ALWAYS KNOW YOUR WHEREABOUTS:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY _____ STATE: _____ ZIP _____

PHONE: (H) _____ (W) _____ OTHER _____

WHO REFERRED YOU TO OUR OFFICE? _____

CONFIDENTIAL

Noland Law Firm, LLC

CHILDREN:

PLEASE FURNISH FULL NAME, ADDRESS, BIRTH DATE AND AGE OF ALL CHILDREN:

FULL NAME: _____

PRESENT ADDRESS: _____

DATE OF BIRTH: _____

AGE: _____

FULL NAME: _____

PRESENT ADDRESS: _____

DATE OF BIRTH: _____

AGE: _____

FULL NAME: _____

PRESENT ADDRESS: _____

DATE OF BIRTH: _____

AGE: _____

EMPLOYMENT INFORMATION:

EMPLOYER: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

TELEPHONE: _____ DATE OF HIRE: _____ LENGTH EMPLOYED: _____

JOB DUTIES: _____

RATE OF PAY: (SALARY) _____ (HRLY RATE) _____

AVERAGE WEEKLY WAGE: (SALARY) _____ (HRLY RATE) _____

(HRS PER DAY) _____ (DAYS PER WEEK) _____

(OVERTIME RATE) _____ (OVERTIME HOURS) _____

(FRINGE BENEFITS) _____

(PART TIME) _____

CONFIDENTIAL

Noland Law Firm, LLC

SECOND JOB/EMPLOYER: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

TELEPHONE: _____ DATE OF HIRE: _____ LENGTH EMPLOYED: _____

JOB DUTIES: _____

SECOND JOB/EMPLOYER RATE OF PAY: (SALARY) _____ (HRLY RATE) _____

AVERAGE WEEKLY WAGE: (SALARY) _____ (HRLY RATE) _____

(HRS PER DAY) _____ (DAYS PER WEEK) _____

(OVERTIME RATE) _____ (OVERTIME HOURS) _____

(FRINGE BENEFITS) _____

(PART TIME) _____

ACCIDENT INFORMATION:

DATE OF ACCIDENT/OCCURRENCE: _____

TIME OF ACCIDENT/OCCURRENCE: _____

LOCATION OF ACCIDENT/OCCURRENCE: _____

ADDRESS: _____ CITY _____ COUNTY _____ STATE _____

PARTS OF THE BODY INJURED/AFFECTED: _____

INJURY REPORTED TO: _____

DATE REPORTED: _____

DESCRIBE HOW ACCIDENT HAPPENED: _____

CONFIDENTIAL

Noland Law Firm, LLC

DEATH CLAIM:

DID INJURY RESULT IN DEATH? YES ____ NO ____

IF YES, LIST DATE OF DEATH: _____

IF DEATH OCCURRED, EMPLOYEE'S DEPENDENTS (SPOUSE, MINOR CHILDREN, OTHER PERSONS DEPENDENT ON EMPLOYEE):

<u>NAME</u>	<u>DATE OF BIRTH</u>	<u>RELATIONSHIP</u>	<u>ADDRESS</u>

PRIOR WORKER'S COMPENSATION CLAIM:

PREVIOUS WORKERS' COMPENSATION CLAIM? YES ____ NO ____

DATE: _____

DESCRIBE INJURY: _____

TREATING DOCTORS: _____

DISABILITY SETTLEMENT: _____

SECOND INJURY FUND? YES ____ NO ____

IF YES, LIST: DATE OF PREVIOUS INJURY/DISEASE: _____

PARTS OF BODY AFFECTED BY PREVIOUS INJURY/DISEASE: _____

ANY OTHER PRIOR CLAIMS? IF SO, DESCRIBE: _____

CONFIDENTIAL

Noland Law Firm, LLC

OTHER ASSISTANCE:

ARE YOU A MEDICAID RECIPIENT? IF YES, PLEASE PROVIDE YOUR MEDICAID NUMBER. _____

ARE YOU A MEDICARE RECIPIENT? IF YES, PLEASE PROVIDE YOUR MEDICARE NUMBER. _____

DO YOU RECEIVE SOCIAL SECURITY BENEFITS? IF SO, PLEASE STATE MONTHLY AMOUNT _____

WERE MEDICARE OR MEDICAID BENEFITS PAID IN ASSOCIATION WITH THE BELOW LISTED MEDICAL TREATMENT? YES _____ NO _____

ARE YOU OR HAVE YOU RECEIVED DISABILITY BENEFITS AS A RESULT OF THIS ILLNESS OR INJURY? IF YES, PLEASE DESCRIBE: _____

OTHER SUITS AND/OR CLAIMS:

HAVE YOU EVER BEEN A PARTY IN ANY PREVIOUS LAWSUITS OR MADE A CLAIM FOR WORKER'S COMPENSATION? IF SO, PLEASE DESCRIBE IN DETAIL:

HAVE YOU KEPT ANY DIARIES OR CALENDARS OF EVENTS ASSOCIATED WITH THIS ILLNESS OR INJURY? IF YES, PLEASE IDENTIFY: _____

THE NAME OF YOUR PRIMARY/PRIVATE HEALTH INSURANCE CARRIER AND THE GROUP OR POLICY NUMBER OF SAME. _____

CONFIDENTIAL

Noland Law Firm, LLC

MEDICAL TREATMENT:

PLEASE LIST BELOW THE MEDICAL CARE PROVIDERS INVOLVED IN THE ABOVE INCIDENT/OCCURRENCE. ATTACH A SEPARATE SHEET IF NECESSARY.

<u>HOSPITALS</u>	<u>TREATMENT</u>	<u>DATES OF SERVICES</u>

<u>DOCTORS</u>	<u>TREATMENT</u>	<u>DATES OF SERVICES</u>

<u>PHYSICAL THERAPY</u>	<u>TREATMENT</u>	<u>DATES OF SERVICES</u>

CONFIDENTIAL

Noland Law Firm, LLC

<u>PHARMACIES</u>	<u>PRESCRIPTIONS</u>	<u>DATES OF SERVICES</u>

<u>MEDICAL DEVICES</u>	<u>PRESCRIBED BY</u>	<u>PERMANENT/TEMP.</u>

PRESENT COMPLAINTS

PRIOR ACCIDENTS, IF ANY:

<u>DATE</u>	<u>DESCRIPTION/LOCATION</u>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

CONFIDENTIAL

Noland Law Firm, LLC

PRIOR INJURIES (TO INCLUDE: All vehicular injuries, falls, military, sport)

<u>DATE</u>	<u>DESCRIPTION/DOCTOR</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PRIOR HOSPITALIZATIONS: (TO INCLUDE: all hospitalizations for the past 20 years)

<u>DATE</u>	<u>REASON</u>	<u>HOSPITAL / DOCTOR(S)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER INFORMATION:

HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A CRIMINAL OFFENSE?

FELONY: YES ___ NO ___ MISDEMEANOR: YES ___ NO ___

IF YES, LIST: OFFENSE, DATE & JURISDICTION _____

HAVE YOU EVER FILED FOR BANKRUPTCY? YES ___ NO ___

IF SO, WHEN?

ARE YOU PLANNING OR CONSIDERING FILING FOR BANKRUPTCY IN THE NEXT 6 MONTHS? YES ___ NO ___

YOU MUST NOTIFY YOUR ATTORNEY IF YOU ARE CONSIDERING OR IF YOU OR YOUR SPOUSE FILE FOR BANKRUPTCY.

CONFIDENTIAL

Noland Law Firm, LLC

ANY OTHER INFORMATION YOU FEEL IMPORTANT AND WOULD LIKE TO PROVIDE:

DATE: _____ CLIENT _____

THIS INFORMATION IS CONFIDENTIAL AND ONLY FOR THE USE OF NOLAND LAW FIRM, LLC.

End of questionnaire

CONFIDENTIAL

Noland Law Firm, LLC