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PLEASE COMPLETE EVERY QUESTION ON THE FORM. EACH ANSWER IS NECESSARY FOR THIS OFFICE TO COMPLETE THE PAPERWORK REQUIRED FOR YOUR PERSONAL INJURY. THANK YOU.

PERSONAL INJURY QUESTIONNAIRE

Date: _____

1. Name _____

2. Address

3. Telephone _____

4. Date of Birth

5. Social Security No

6. Name and address of automobile insurance company at the time of the accident?

Policy Number:

11. Criminal background: have you ever been convicted of a crime?

12. Injury/civil claims background: Have you ever filed any lawsuits?

Have you ever made any other kind of claims, such as workers compensation claims?

13. How did the accident Happen?

14. What time did the accident take place?

15. Date of the accident?

16. What day of the week did the accident happen? _____

17. Where was the location of the accident?

18. Where were you coming from and where were you headed?

19. What were the weather conditions? _____

20. What were the traffic conditions?

21. Were there any traffic control devices, such as traffic lights, stop signs, other signs, lane markings, ect. Involved?

22. Exactly what each driver did and when:

- **How far was the other car from you when you first saw it?**

- **Where was the other car on the roadway at the time?** _____

- **How fast was the other car going?**

- **Where on the roadway did the cars collide?**

- **What areas of the vehicles collided (i.e. driver's side fender, passenger side door)?**

- **Where did the cars come to rest?**

23. Did you speak to anyone at the scene after the accident happened and, if so, what did each of you say?

24. Did anyone admit to causing the accident?

25. What happened to your body inside the vehicle when the collision occurred? Did any part of your body hit any part of the car?

26. What happened to your car after it was hit?

27. What physical damage did each car have?

28. Was the car repaired? _____ If so, how much did repairs cost?

29. Who were the witnesses to the accident? _____

30. Who came to the scene within two hours after the accident?

31. Do you have any photos or diagrams that show the accident scene?

32. Did you drink any alcohol during the 24 hours before the accident?

33. Did you fill out any report or witness statement of the accident?

34. What injuries do you claim were caused by this accident?

35. What doctors and other health care providers have you seen for treatment of your injury?

36. What symptoms did you have at the scene of the accident?

37. Did you get out of the car and walk around?

38. When did you first get medical care?

39. What did you tell the doctor were your symptoms at your first visit?

40. What were your symptoms over time? Did your symptoms get any better? Which ones and when?

41. If there were any gaps in your medical care, why did you not get treatment?

42. What symptoms, if any, do you still have that you attribute to this accident?

43. How much have you incurred in medical bills so far?

44. Have you missed any time from work as a result of this accident? _____ How much? _____ When? _____ What amount of lost income are you claiming? _____

45. Do you claim that you will miss work or lose income in the future as a result of this accident? If so, explain.

46. How have your injuries affected your day-to-day activities? What are the things that you cannot do at all as a result of your injuries? What are the things that you do as well (or as often or for as long) as usual as a result of your injuries?

47. How has your injury affected your personal relationships, i.e. your marriage? Loss or reduction of sex? Loss of Enjoyment of other activities together? Loss of Vacations? Loss of other opportunities?

48. Have you been questioned by an insurance adjuster or investigator?

If So, When? _____ Where?

Name of the person who questioned you? _____

Was anyone else present? _____

Did you sign any papers?

49. Name and address of health insurance company at the time of the accident?

Policy Number:

50. Have you received Social Security benefits or Medicare/Medicaid benefits as a result of this accident?

51. Have you ever been rejected for military service because of physical, mental, or other reasons? If So, When? _____ Why?

52. Have you had any prior accidents or injuries? Failure to mention other accidents or injuries can undermine a lawsuit, no matter how trivial they may seem. List here every such incident whether it resulted in a claim for damages or not, stating the date, place, and nature of the accident, and the extent of your injuries. If you have had no prior accidents or injuries, please state "none"

Date: _____ **Place:** _____

Nature of accident or injury: _____

Address: _____

Purpose: _____ **Result:** _____

53. Have you had any accidents or injuries after this accident? If you have had any accidents or injuries since the one for which we are representing you, please state to each:

How did the accident Happen?

What time did the accident take place?

Date of the accident?

What day of the week did the accident happen? _____

Where was the location of the accident?

Where were you coming from and where were you headed?

What were the weather conditions? _____

What were the traffic conditions?

Were there any traffic control devices, such as traffic lights, stop signs, other signs, lane markings, ect. Involved?

Exactly what each driver did and when:

- **How far was the other car from you when you first saw it?**

- **Where was the other car on the roadway at the time?** _____

- **How fast was the other car going?**

- **Where on the roadway did the cars collide?**

- **What areas of the vehicles collided (i.e. driver's side fender, passenger side door)?**

Where did the cars come to rest? _____

54. Is there another Attorney involved with this personal injury? IF so, who?

55. Personal information of any other person involved in the accident.

Name _____

Address _____

Telephone _____

Date of Birth _____

Social Security No _____

How was this person involved in the accident? _____

- 1. Name and address of automobile insurance company at the time of the accident for the other person involved?**

Policy Number:

Date

Signature

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Contingency Fee Agreement

I, _____ Date of Birth _____ do hereby retain and appoint William J. Casey, II as my attorney, to pursue any action or actions, and/or compromise to settle any and all claim or claims I may have because of damages suffered by me arising out of or sustained as a result of a Motor Vehicle Accident on or about _____. I hire attorney William J. Casey, II for this action only, unless otherwise agreed to in writing between us.

1. Client will pay attorney for his services 35% plus expenses of any and all amounts recovered in any and all claims regarding this case.
2. Client agrees that attorney has made no promises or guarantees regarding the outcome of clients claim.
3. Client hereby grants William J. Casey, II a limited power of attorney to endorse the clients name to any checks or drafts received by William J. Casey, II in settlement of any and all claims pursued by William J. Casey, II on behalf of the client. Such settlement funds shall be placed first in trust for clients benefit.
4. I understand that William J. Casey, II may front and or pay expenses for research and discovery on my case. These expenses will be deducted from my settlement proceeds.
5. I understand that the Bar requires settlement proceeds to clear the drafter's account before a check can be written to me after settlement (about 10 business days)
6. I have read this contract, or have had it read to me(us), have received a copy of it and agree to the terms and conditions. There are no other oral agreements between client and attorney.

Clients Signature

Today's Date

Attorney's Signature

Today's Date

