

## Personal Injury Questionnaire

1. Plaintiff's name, postal address, phone number and e-mail address

---

---

---

---

2. Gender and race \_\_\_\_\_

3. Date of birth \_\_\_\_\_

4. Date and Description of injury \_\_\_\_\_

---

---

5. Level of education \_\_\_\_\_

6. Marital status \_\_\_\_\_

7. Name and date of birth of spouse \_\_\_\_\_

---

8. Names and dates of birth of children

---

---

---

9. Plaintiff's job description, employer name, and length of time at this job.

---

---

---

10. Previous employers and dates of employment

---

---

---

11. Plaintiff's income history for as many years as available (*attach tax returns, Social Security earnings statements, W-2 forms, payroll records, and/or other documentation*)

---

---

A complete earnings history can be obtained from the Social Security Administration by signing up at <https://secure.ssa.gov/RIL/SiView.do> If possible, please attach with the returned questionnaire.

12. Employer-paid benefits (*life, health, disability and other insurance; pension plan contributions, 401(k) contributions, etc.*)

---

---

---

13. If the injured party was covered by a union contract, provide the name of the union, and **the name and phone number of a contact person at the union** (*attach a copy of the union contract if available*).

---

---

---

14. If plaintiff cannot perform the same amount of services to home and family (home and yard care, grocery shopping, etc.) as performed prior to the injury, state the reduction in services as a percentage (e.g., 20% of what he or she did before)

---

15. Indicate if the amount and type of household services provided by the plaintiff deviated from the average to any significant degree.

---

---

---

---

16. Indicate all post injury jobs, dates of employment, rates of pay, and employer-paid benefits.

---

---

---

---

17. Indicate expectations of future employment and any necessary retraining.

---

---

---

18. Provide any additional information regarding economic losses not covered above.

---

---

---

---

20. Is there any reason to believe that the injured individual's life expectancy would be significantly different than the national average?

---

---

---

21. Court venue:

State or Federal? If state, please indicate the state.

---

Please return to Matthew Marlin ([marlin@dug.edu](mailto:marlin@dug.edu))  
802 Rockwell Hall  
Duquesne University  
Pittsburgh, PA 15282