

Law offices of Gary L. Wolfstone



AFTER you have met with Mr. Wolfstone
and signed a written RETAINER,
start working on this Questionnaire!

PERSONAL INJURY LITIGATION METRICS

LAW OFFICES OF GARY L. WOLFSTONE

SEATTLE PERSONAL INJURY LAWYER

garywolfstone@gmail.com

No Charge for Initial Consultation

PLEASE READ THIS INFORMATION SHEET CAREFULLY
THINK CAREFULLY ABOUT THESE QUESTIONS

Gary Wolfstone absolutely and positively requires accurate answers (and supplemental answers) to these questions. Your accuracy can “make or break” your case when a lawsuit is filed. The answers you give here are for our use only, will be held strictly CONFIDENTIAL, and will not be released to unauthorized persons.

Answer every question fully and ACCURATELY. If you discover or recall that any information supplied to us should be supplemented, then you must promptly send us an email with your signature and explanation. It is imperative that Mr. Wolfstone knows as much as, or more than, the adverse party will know about you, your history, and activities before your case goes to trial.

One nasty surprise at your trial, produced by the adverse party, based upon an incorrect or complete answer here can ruin your case. The attorney for the adverse party will work diligently to kick over the tracings.

DATE OF ACCIDENT

“The accident” and “The injury” refers to your accident and injury

[DAY]_____ [MONTH]_____ 22_____

LOCATION OF ACCIDENT

Exact location (City and State) where your accident happened:

City:_____ State:_____

(Note: We Only Accept Injury Cases Occurring in Washington)

**STATEMENTS MADE BY ANY PERSON
AT THE SCENE OF THE ACCIDENT**

PLEASE IDENTIFY FIRST RESPONDERS, IF ANY THERE BE:

1. Police Officers (Case #):
2. Ambulance Drivers (Case #)
3. Tow Truck Drivers, Workers (Case #)
4. Fire Department Men or Women (Case#)
- 5.

PLEASE IDENTIFY STATEMENTS MADE BY YOU OR THE
ADVERSE PARTY OR ANY BYSTANDERS OR ANY
OF THE FIRST RESPONDERS AT THE SCENE OF ACCIDENT

1. About fault or how the accident happened
2. About damage to vehicles or to collateral property
3. About injuries including mention of prior or similar injuries

CITATIONS OR TICKETS AS A RESULT OF THIS ACCIDENT

DID YOU OR ANY OTHER PERSON OR PARTY RECEIVE A
CITATION OR A TICKET AS A RESULT OF THIS ACCIDENT;
WHO WAS CITED; OFFENSE FOR THE CITATION; RESOLUTION
OF THE CITATION OR TICKET?

Please elaborate. Attach a supplemental document with your explanations and answers (signed by you and dated) and supply copies of tickets and citations to Mr. Wolfstone. Keep us informed promptly if any further developments arise concerning citations and tickets. If the police responded to this accident scene, who called the police?

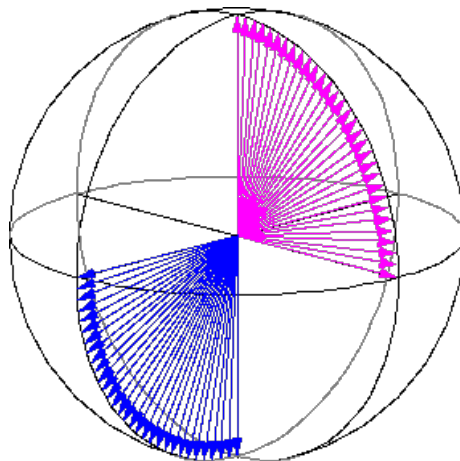


DO NOT IGNORE YOUR CITATION OR TICKET

MR. WOLFSTONE DOES NOT APPEAR IN TRAFFIC COURT

If you received a citation or ticket, you must respond within the time limits stated on your ticket. You must retain a traffic-ticket lawyer to appear in traffic court on your behalf in a timely manner. The traffic court lawyer might become a witness in your case, and Mr. Wolfstone cannot testify in your personal injury case. For that reason, Mr. Wolfstone shall not represent you in traffic court, and Mr. Wolfstone will not accompany you for traffic court purposes. With the aid of Google, you can readily find and contact a traffic-ticket lawyer. Be prompt. Do not delay. Do not ignore your ticket!

Think Analytically!



**LET US HELP YOU MAXIMIZE THE VALUE OF YOUR
PERSONAL INJURY CASE — WHETHER BY
SETTLEMENT OR TRIAL**



PERSONAL INJURY BACKGROUND INFORMATION

A. INFORMATION ABOUT MR. WOLFSTONE'S CLIENT

1. Your full name _____
(first) (middle) (last)

YOUR PERSONAL EMAIL: _____

YOUR BUSINESS EMAIL: _____

2. Please list current and all past residential addresses (with dates “to and from”) at which you have resided during the past 10 years; please tell us your occupation while residing at each location:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

3. Home phone _____ Work Phone _____ Other _____
4. Birth date _____ Age _____ Birthplace _____

5. Social Security No. _____
6. Driver's License No. _____ State _____
7. Immigration Status: If you were not born in the United States, are you a citizen of the United States; when and where did you become a U.S. citizen; do you have dual citizenship with another country; are you in full compliance with U.S. Immigration Law? Please answers these questions, if applicable, on a separate document; sign and date the document; and attach it to this page.

B. MARITAL BACKGROUND

1. Are you presently married? _____ If so, please answer the following:

- a. Date of Marriage _____
- b. Name of Spouse _____
- c. Place of Marriage _____
- d. Please furnish names, addresses and birth dates of all children born as a result of your present marriage.

<u>Full Name</u>	<u>Address</u>	<u>Birth date</u>	<u>Age</u>
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2. Have you been married before? _____ If so, please answer the following:

- a. Date of Marriage _____
- b. Spouse's Name _____
- c. Place of Marriage _____
- d. Date of dissolution _____
Please furnish names, addresses and birth dates of all children born as a result of your previous marriage(s)

<u>Full Name</u>	<u>Address</u>	<u>Birth date</u>	<u>Age</u>
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2. Have you been a domestic partner before? _____ If so, please answer the following:

- a. Date(s) of Domestic Partnership _____
- b. Partner's Name _____
- c. Place of Partnership _____
- d. Date of termination _____
- e. Please furnish names, addresses and birth dates of all children born as a result of your domestic partnership.

Full Name

Address

Birth date

Age

C. SOCIAL NETWORKING (INCLUDING YOUR OWN WEB SITE)

List every social networking site (including but not limited to Facebook, Instagram, TikTok, Twitter, LinkedIn, and company websites that list you or identify you) that you belong to or have ever belonged to or have participated in on the internet. (*NOTA BENE*: DISCUSS with Mr. Wolfstone the possibility of deleting all social networking sites in which you are featured or mentioned before a lawsuit is filed in your case.) Do you have your own personal web site? If so, who is your ISP (Internet Service Provider) and what is your URL (Uniform Resource Locator)(Web Site Address)?

List every name or nickname or pseudonym or nom de plume or nom de guerre you have ever used (or has been used by others) referring to you.

List every cell phone carrier and the number you have used for the past 10 years.

D. WORK BACKGROUND

Please list your current and all past places of employment for the last 10 years and specify the date range, title of each employment, rate of pay, and hours worked per week. Please identify your boss or supervisor for each employer.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. Have you missed work as a result of your injuries? If yes, please list the dates/hours you've missed.

10. If not now working, have you in the past worked outside the home?

If so, list your employers and what you did and when. Are you part of the gig-economy? (for example, AirBNB owner; UBER driver; LIFT driver)

11. Have changed your employer or the nature of your work?
12. Have you applied for (and do you intend to apply for) temporary or permanent or long-term **disability benefits** as a result of this accident and injury? Please supply Mr. Wolfstone with all such application paper work including copies of continuing and ongoing related documents.

E. MEDICAL BACKGROUND BEFORE THE ACCIDENT

The defense will be entitled to gather and review all of your medical records probably from the time you were born. We **MUST** know about your past medical history in order to protect you.

1. List and describe any hospitalizations you had prior to this accident

<u>Length of Hospitalization</u>	<u>Date</u>	<u>Reason for Hospitalization</u>	<u>Name of Hospital</u>
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2. List and describe all illnesses you had before the accident.

<u>Nature of Illness</u>	<u>Date</u>	<u>Name of Doctor</u>
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3. List and describe all other accidents or injuries you have experienced before this accident including the names of previous lawyers, law firms, or legal representatives assisting you in any prior injury matters.
4. Identify any and all prior compensation or settlements or reimbursement or restitution that you have received in connection with or arising out of previous accidents and/or injuries.

Nature of Accident or Injury

Date

Name of Doctor

4. List your doctors for the past ten years and describe why you saw them. Also, identify all **physical therapy** and/or **massage** firms where you have treated and the reason for such treatment. Have you ever had a CAT SCAN or CT SCAN or MRI? If so, please explain the date, time, place, name of doctor, name of facility, and circumstance and results.
5. Have you ever had any major or **chronic health problems** during your lifetime other than from the accident in this case? If so describe fully:
6. What **drugs** (legal or illegal) or medications have you used before or after the accident in this case?
7. At the time of this accident, did you have **normal vision** without the use of corrective lenses? If not, please provide details.
8. Have you ever been rated **permanently partially disabled** by any health care professional at any time during your life? Please elaborate fully and supply a copy of any paperwork pertaining to your rating to us.

F. MILITARY BACKGROUND

1. Have you ever been in the military service? _____
Dates of service ("from and to"). Country served? Were you honorably discharged ?

2. Were you injured while serving in the military? If so, please describe the date, time, place, and circumstance of your injury. Did you receive any ribbons or decorations (e.g., the Purple Heart) for your injury?

Did you receive a medical discharge from the military?

If so, what disability rating did you receive when discharged? Were you rated permanently partially disabled? Did you suffer from PTSD in the military?

Were you ever exposed to toxic waste, including but not limited to toxic burn pits, during your military service?

3. Describe your military medical treatment and your military medical benefits (including medication) you have received since your date of discharge?

4. What was your rank at the time of your military discharge?

5. Were you ever demoted or rifted or court martialed (including a summary court martial) while you served in the military? If so, please explain fully.

6. Please supply a copy of your DD 214 (Armed Forces of the United States report of Transfer or Discharge) to Mr. Wolfstone.

G. EDUCATIONAL BACKGROUND

<u>Name</u>	<u>Location</u>	<u>No. Years Attended</u>	<u>Years Left</u>	<u>Degree</u>
H.S.	_____			
College and Post Graduate	_____			
Bus Sch	_____			
Tech	_____			
Other (e.g., Colonel Black's Boys School)	_____			

H. INSURANCE

Provide us with all of your own insurance information of any type.

Please include all insurance under which you are covered by an employer, spouse, relative, or domestic partner. Have you ever been denied insurance?

Have you been contacted by, met with, or spoken with any insurance company personnel in connection or arising out of this accident and injury? If so, please explain date, time, place and circumstance. Have you given any statements, whether or not recorded, to any insurance company personnel? Have you signed any documents or releases for any insurance company arising out of or connected with this injury and accident? If so, please supply a copy of any such document(s) to Mr. Wolfstone. HENCEFORTH, **DO NOT SIGN ANY RELEASE OR DOCUMENT WITHOUT FIRST DISCUSSING THE SAME WITH YOUR ATTORNEY.**

I. **IF YOUR ANSWER TO ANY OF THESE CONFIDENTIAL QUESTIONS IS AFFIRMATIVE OR YES, THEN DESCRIBE ALL THE DETAILS ON A SEPARATE PAGE. PLEASE WRITE LEGIBLY A 'YES' OR 'NO' AFTER EACH OF THE FOLLOWING QUESTIONS. Again, this is for your protection. If you do not tell us about these details and the defense discovers them, you could diminish or harm your case.**

- Have you ever filed for bankruptcy including a Chapter 13. Have you ever been part of an accommodation of creditors without a bankruptcy?
- Have you ever been accused of or investigated for or charged with a crime?
- Have you ever been convicted of a crime?
- Have you ever had a driver's license revoked or suspended?
- * Have you ever had a professional license revoked or suspended?
- Have you ever sued someone? Have you ever been sued?

(If yes, please provide details on an additional page.)

- Were you suspended, expelled or disciplined in any college or school or university?
- Have you properly filed your income taxes every year?
- Have you ever worked under the table?
- Do you have a history of alcoholism? DWI or DUI?
- Do you have a history of drug addiction? Do you use recreational drugs?
- Have you ever been the victim of a crime?
- Have you taken out any loans to finance this case?
- Have you ever filed for worker's compensation (L&I aka Labor & Industries) benefit? Have you received long term or short term benefits to cover or to substitute for wages or salary from any insurance company after this accident?
- Are there any secrets or other issues that you do not want the other side to know about?

J. DESCRIBE IN DETAIL THE FACTS OF THE ACCIDENT

K. AFTER THE ACCIDENT

1. Who investigated your accident, to whom did you make statements , and do you have any documents? (e.g., business cards)

2. Are there any any photographs, diagrams or other similar evidence regarding the accident or the scene of the accident, or any other facts about this accident? If so, what is the investigator's name and address and the information you have.

L. WITNESSES AND PHOTOGRAPHS

1. Identify any witnesses who saw the accident, came to the place of the accident after it happened, or who may have any information at all about the accident.
2. Did you or any other person take any photographs (or videos) of the scene of the accident or of any property damage (including photos of damaged cars) at or near the scene of your accident? Please supply those photos to Mr. Wolfstone.
3. Identify anyone who can vouch for you as a person, knows about your injuries, and/or can talk about how the accident has affected you.
4. Identify anyone who may have something bad to say about you (better for us to know about this in advance to protect you).

M. STATEMENTS BY OTHER PARTY

1. Did the responsible party say anything about the incident to anyone?

N. MEDICAL TREATMENT AFTER ACCIDENT

1. List every hospital, doctor and care provider who has seen you and include the medical condition that has required treatment. Were you transported in an ambulance after this accident? If so, what billings or paperwork do you have for the ambulance service?

2. List anyone else who has helped you because of your injuries.

3. List anyone you have had to hire to provide services because of your injuries.

4. Describe in detail what injuries you received in this accident.

O. HAVE YOU INCURRED ANY OUT OF POCKET EXPENSES?

P. WERE YOU CONFINED TO BED/HOME AS A RESULT OF THIS ACCIDENT?

Q. MISCELLANEOUS:

1. Provide us with all photos, videos related to the accident.
2. Provide us with all photos, videos that show you as a person both before and after the accident.
3. Let us know about any awards or special recognition you have received.
4. Let us know about anything else that is helpful or harmful to your case.

I HAVE READ THE ABOVE STATEMENT. I UNDERSTAND THAT GARY WOLFSTONE AND HIS ASSOCIATED ATTORNEYS ARE RELYING UPON MY REPRESENTATION THAT ALL OF THE INFORMATION I HAVE PROVIDED IS TRUE, CORRECT AND COMPLETE. I AGREE TO BE AVAILABLE AND PARTICIPATE FULLY IN THIS PERSONAL INJURY CASE. I WILL PROMPTLY ANSWER ALL EMAILS FROM MR. WOLFSTONE OR ANY ATTORNEY OR LEGAL ASSISTANT WITH WHOM HE IS ASSOCIATED.

DATED this ____ day of _____, 20____.

CLIENT'S SIGNATURE:_____

CLIENT'S NAME SPELLED:_____

Sample Demand Letter Format
[possible areas for inclusion, if appropriate]
[Your Demand Letter may vary from this Format]

Gary L. Wolfstone
2400 NW 80th Street, #322
Seattle, WA 98117

Adjuster Name
Insurance Address

Policy Limits Demand,
Time Sensitive

Re: Our Client:
Your Driver:
Date of Injury:
Claim #:

Greetings (Mr.)(Ms.) _____:

Introduction

Please advise your named insured that we are demanding policy limits in this case. Please advise your insured that he/she should retain independent counsel to assist in responding to this Policy Limits Demand.

Liability

Summary of Injuries

Special Damages

Summary of Value Driver Symptoms

Symptom	Duration	Physician/provider	Date noted in chart
Headaches			
Dizziness			
Visual disturbances			
Depression			
Anxiety			
TMJ			
Spasms			
Radiating pain			
Decreased range of motion			
Scarring			

Complications

Aggravation of Pre-existing Condition

Subsequent Injuries

Treatment History

Physicians

Physician name	Diagnosis	Dates of first & last treatment	Number of visits	Prognosis

Other Medical Providers

Provider	Referring Dr.	First & last treatment dates	Number of visits	Type of treatment

Summary of value driver treatment

Treatment	Provider	First & last treatment dates	Number of visits	Ordering physician
X-rays				
MRI				
CT scan				
Bone scan				
Discogram				
Myelogram				

Other diagnostic				
Injections				
Medications				
TENS unit				
Bed rest				
Immobilization				
Walking aids				
Hospitalization				
Surgery				

Residuals [if any there be]

Permanent Partial disability [if any there be]

Delays or gaps in treatment

Statements Recorded by Claims Adjuster

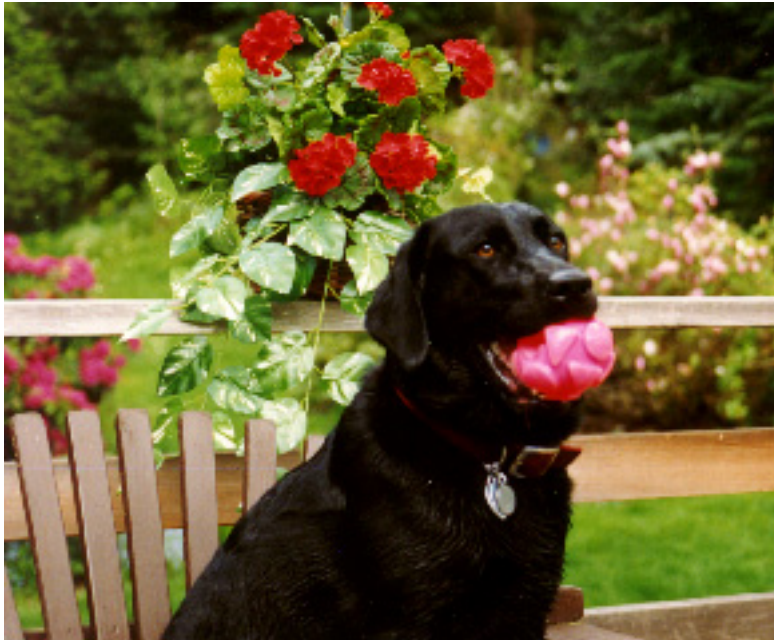
Self-directed exercise

Duties under duress

Conclusion

We demand the limits of all applicable insurance policies. This Demand is time-sensitive—kindly respond within 21 days.

Sincerely,
GARY L. WOLFSTONE



Now Just Relax. Mr. Wolfstone is Working for You!

Let's Review Your Progress So Far

You have met with Mr. Wolfstone

You have signed our Retainer Agreement

You have answered all of this Questionnaire

You shall deliver all of your answers to our office!