

Wrongful Death Interview Form

PLEASE TAKE YOUR TIME IN COMPLETING THIS QUESTIONNAIRE. IT IS VERY IMPORTANT TO YOUR CASE THAT THIS INFORMATION IS AS THOROUGH AND ACCURATE AS POSSIBLE.

YOUR INFORMATION

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____
NAME: _____ TODAY'S DATE: _____
STREET ADDRESS: _____ SPOUSE/PARTNER: _____
CITY, STATE, ZIP CODE: _____ SOCIAL SECURITY NO: _____
HOME PHONE #: _____ DATE OF BIRTH: _____
WORK PHONE #: _____ AGE: _____
CELL PHONE#: _____ REFERRED BY: _____
EMAIL: _____

PROPOSED PERSONAL REPRESENTATIVE

NAME: _____
ADDRESS: _____
PHONE NUMBER: _____
SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____
HAVE YOU EVER BEEN CONVICTED OF A FELONY? IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER FILED A PETITION FOR BANKRUPTCY? IF YES: _____
CHAPTER: _____ DATE FILED: _____
DATE DISCHARGED: _____ COUNTY: _____

PROPOSED CO-PERSONAL REPRESENTATIVE

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER FILED A PETITION FOR BANKRUPTCY? IF YES: _____

CHAPTER: _____ DATE FILED: _____

DATE DISCHARGED: _____ COUNTY: _____

DECEDENT INFORMATION

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____ SSN: _____

MARRIED/SPOUSE: _____

COUNTY OF RESIDENCE: _____

DATE OF OCCURRENCE: _____ DATE OF DEATH: _____

AUTO INSURANCE COMPANY (If Applicable): _____

AUTO INSURANCE ADJUSTER CONTACT INFO (If Applicable): _____

HEALTH INSURANCE INFORMATION (Private Health Insurer/HMO/Medicare/Medicaid): _____

NEGLIGENT DRIVER (If Applicable): _____

COUNTY WHERE DEATH OCCURRED: _____

DID DECEDENT HAVE A WILL? _____

DID DECEDENT HAVE PROPERTY IN OREGON? IF YES, IDENTITY PROPERTY: _____

List below the name, age, address and phone number of the following living relatives of the decedent.

Mother

Father

Children

Spouse

Brothers & Sisters

(List only if none of the above are living)

Brother

Sister

INFORMATION ABOUT THE NEGLIGENT/ AT-FAULT PARTY

NAME OF NEGLIGENT PARTY: _____

ADDRESS: _____

PHONE NUMBER: _____

DRIVER'S LICENSE (If Applicable): _____

DESCRIPTION OF VEHICLE & LICENSE PLATE (If Applicable): _____

SOCIAL SECURITY NUMBER: _____

INSURANCE COMPANY & CONTACT INFO.: _____

CLAIM NUMBER: _____ ADJUSTER: _____

-IF DIFFERENT-

OWNER OF VEHICLE: _____

OWNER'S ADDRESS: _____

BRIEF FACTS OF THE ACCIDENT

Please complete the following information briefly. We will discuss the details during the conference.

DESCRIPTION OF ACCIDENT: _____

Draw Diagram (If Applicable):

LOCATION OF ACCIDENT: _____

POLICE RESPOND TO ACCIDENT? IF YES, PLEASE LIST AGENCY & CASE NUMBER: _____

WITNESS(ES) NAMES & ADDRESSES: _____

ADDITIONAL INFORMATION & COMMENTS: _____

