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Matthew D. Kaplan, LLC 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.

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: _____

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: _____

