

# Suk Law Firm

## Client Information Questionnaire – Wrongful Death

Today's Date: \_\_\_\_\_

Please fill in this form to the best of your ability. In the event that you cannot answer a question in the space provided, please use the last page.

### Information about the Decedent

Decedent's Name: \_\_\_\_\_ Date of Accident/Death: \_\_\_\_\_  
Maiden Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address at time of death: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
\_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_  
\_\_\_\_\_ Driver's License No.: \_\_\_\_\_  
Employer: \_\_\_\_\_ Mayo Clinic No.: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_

### Information about the Decedent's Representative

Name: \_\_\_\_\_ Alternate Family Contact, if any:  
Address: \_\_\_\_\_ Name: \_\_\_\_\_  
\_\_\_\_\_ Address: \_\_\_\_\_  
Home Tele.: \_\_\_\_\_  
Work Tele.: \_\_\_\_\_ Home Tele: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Work Tele: \_\_\_\_\_  
OK to telephone at work? Yes \_\_\_ No \_\_\_ E-mail: \_\_\_\_\_  
Relationship to the deceased: \_\_\_\_\_ OK to telephone at work? Yes \_\_\_ No \_\_\_  
Date of Birth: \_\_\_\_\_ Relationship to the deceased: \_\_\_\_\_  
Have you ever been charged with, pled guilty to, or been convicted of any felony, any crime of dishonesty (i.e., perjury, filing false information, etc.)? \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_

### Decedent's Auto Insurance Information

Insurance Co.: \_\_\_\_\_ Tele No.: \_\_\_\_\_  
Adjuster's Name: \_\_\_\_\_ Policy No.: \_\_\_\_\_  
Address: \_\_\_\_\_ Effective Dates: \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ Claim No.: \_\_\_\_\_  
Did decedent have an umbrella policy? \_\_\_\_\_  
If yes, with what insurance company? \_\_\_\_\_

**Decedent's Health Insurance Information**

Insurance Co.: \_\_\_\_\_ Tele No.: \_\_\_\_\_  
Address: \_\_\_\_\_ ID No.: \_\_\_\_\_

Was the decedent ever a recipient of any of the following federal programs?  
(Check all that apply.)

- Medicare
- Medicaid
- UCare
- Social Security Disability Insurance (SSDI)
- Supplemental Security Income (SSI)

**Opposing Party Information**

Name: \_\_\_\_\_ Insurance Co.: \_\_\_\_\_  
Address: \_\_\_\_\_ Adjuster's Name: \_\_\_\_\_  
\_\_\_\_\_ Adjuster's Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Date of Death: \_\_\_\_\_ Policy No.: \_\_\_\_\_  
Claim No.: \_\_\_\_\_

**Accident Information**

Intersecting Roadways: \_\_\_\_\_ Was alcohol or drug use involved in the  
\_\_\_\_\_ accident? \_\_\_\_\_  
City/County/State: \_\_\_\_\_ Witnesses: \_\_\_\_\_  
\_\_\_\_\_ Time of Accident: \_\_\_\_\_ am/pm \_\_\_\_\_  
Weather Conditions: \_\_\_\_\_  
Property Damage: \$ \_\_\_\_\_  
Who investigated the accident? City/Local Police, State Patrol, Sheriff Department, Other: \_\_\_\_\_  
Briefly describe how the accident happened: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Was the decedent taken to a medical facility for treatment prior to expiring? \_\_\_\_\_  
If so, where? \_\_\_\_\_  
Did the decedent suffer from any chronic illnesses/conditions prior to the accident? Yes \_\_\_ No \_\_\_  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Medical Information**

Please list Decedent's medical providers for the past 10 years, including chiropractors and/or family physician.

Hospital/Clinic: \_\_\_\_\_ Hospital/Clinic: \_\_\_\_\_

Doctor: \_\_\_\_\_ Doctor: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Hospital/Clinic: \_\_\_\_\_ Hospital/Clinic: \_\_\_\_\_

Doctor: \_\_\_\_\_ Doctor: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Hospital/Clinic: \_\_\_\_\_ Hospital/Clinic: \_\_\_\_\_

Doctor: \_\_\_\_\_ Doctor: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Referral Source Information**

How did you find out about the Suk Law Firm? \_\_\_\_\_

If another person or persons referred you to us, may we know who?

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Have you heard about us, read about us, or seen us in any other form of advertising?

In selecting an attorney for your present claim, what qualities were you seeking in a law firm?

Which telephone book do you use?

\_\_\_\_\_ Quest Dex \_\_\_\_\_ Yellow Book

\_\_\_\_\_ Other (Which one?) \_\_\_\_\_

**Petition for Appointment of Trustee**

If you decide to have us represent you in a wrongful death suit, we will need information about the next-of-kin of the decedent in order to draft a Petition for Appointment of a Trustee. Pursuant to Minnesota Statute Section 573.02, the petition shall include the dates and places of the decedent's birth and death, and the decedent's address at the time of death. The Statute also requires the name, age, date of birth, and address of the decedent's surviving spouse, children, parents, grandparents and siblings; and the name, age, date of birth and address of the proposed trustee. The attached sheet provides space for that information. You may fill out the attached sheet prior to your conference, or you may wish to wait until you retain our services and fill it out shortly thereafter.

