

WRONGFUL DEATH INTERVIEW FORM #15

CONRAD TROSCH & KEMMY, P.A.

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CLIENT INFORMATION

Name: _____
(Full Name: first, middle, last)

Birthdate: ___/___/___ Social Security #: ___-___-___

Maiden Name (If Applicable): _____

Address: _____
Street Number and Name

City, County, State Zip Code

***If it is not appropriate to send mail to you here, please give us an alternate address:**

Phone Numbers: Home _____ Work _____

Other _____

Name and phone number of alternate contact (for emergency only):

_____ # _____

Whom may we thank for referring you to this law firm? _____

Date of Incident: ___/___/___

Car Insurance Provider: _____

Policy Number: _____ Claim Number: _____

Did the decedent have health insurance? Yes ___ No ___

Was the decedent's health insurance provided through an employer? Yes ___ No ___

Insurance Provider: _____

Policy Number: _____

Did the decedent receive Medicare benefits? Yes ___ No ___

Medicare Number: _____

Place of employment: _____

Employment description: _____

Please provide a brief description of what happened: _____

Was there a police report filed? Yes ___ No ___

Responding Police Department: _____

Police Report Number: _____

Do you have any photographs related to the accident? Yes ___ No ___

What were the decedent's injuries? _____

Did the decedent have children, a spouse, and/or living parents? Yes ___ No ___

Please provide name(s), relationship to decedent, and date(s) of birth: _____

What is your relationship to the decedent? _____

Funeral expenses: _____

Tax returns of the decedent: _____

Decedent's salary: _____

Did the decedent provide care for anyone? _____

Was the decedent a veteran? _____

