PENNER LOWE, LLC
LAW GROUP

PERSONAL INJURY QUESTIONNAIRE

Name:____
Any other names you are known by:

Address:____
City, State, Zip: ____
How long at this address: ___________________
Please list any other addresses and how long you have lived there during the past five years:

Home Phone: (______)___________________ Work Phone: (______)___________________
Fax: (______) ___________________ Cell Phone: (______) __________________
Birth Date: _________________________ Place of Birth: ______________________________

Social Security Number: ____
Driver's License Number *(please include state where issued)*:___________________________

Father's Name: ____
Address:____
City, State, Zip: ____

Mother's Name: ____
Address:____
City, State, Zip: ____

Please list complete history of your education or any other vocational training you have received:

High School: ___________________________ College:____________________________
Trade School: __________________________ Other: _____________________________

Degrees:

Penner Lowe Law Group, LLC
245 N. Waco Street, Suite 125
Wichita, KS 67202
Telephone (316) 847-8847 Facsimile (316) 847-8853

Current Marital Status: G Single G Married G Divorced G Widowed

If married, divorced or widowed, please complete for each spouse:

Name of Spouse	Date of Marriage	Place of Marriage	Date of Divorce / Death	Place of Divorce / Death

Current Employer Name: ______________________________
Address: ______________________________
City, State, Zip: ______________________________
Employer's Telephone Number: (______) ______________
Immediate Supervisor: ______________________________
How long with current employer? ______________
Current Position: ______________________ Current Salary: ______________

Please State Your Employment History for the Last Five (10) Years:

Place of Employment	Dates of Employment	Immediate Supervisor	Position	Reason for Leaving
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				

Have you ever been a member of the Armed Forces: If so, please complete:

G Yes G No

Branch of Service of Which You Were a Member	Dates of Service	Place of Discharge or Separation from Active Duty

Have you ever been convicted of a felony or misdemeanor: If so, please complete:

G Yes G No

Nature of Offense	Date of Offense	Place of Offense	Date of Conviction

Except for this present claim, have you ever had or made any other claims or suits for injury or disability:

G Yes G No

(Please include all other claims for personal injury, Worker's Compensation, Social Security Disability or Veterans Benefits)

If so, please complete:

Nature of Claim, Injury or Disability	Date Claim was Filed	Date of Settlement *(if any)*

Have you at any time before this present claim ever b een injured in any manner: If so, please complete:

Yes G No G

Claim #1:
Date of Injury: ____________________
Location of Injury: ____________________
Circumstances of Injury: ____________________
Name(s) of Other Parties Involved:

Names of All Physicians, Surgeons or other Heath Care Providers Who Examined or Treated You:

Claim #2:
Date of Injury: ____________________
Location of Injury: ____________________
Circumstances of Injury: ____________________
Name(s) of Other Parties Involved:

Names of All Physicians, Surgeons or other Heath Care Providers Who Examined or Treated You:

Claim #3:
Date of Injury: ____________________
Location of Injury: ____________________
Circumstances of Injury: ____________________
Name(s) of Other Parties Involved:

Names of All Physicians, Surgeons or other Heath Care Providers Who Examined or Treated You:

Claim #4

Date of Injury: ____________________

Location of Injury: ____________________

Circumstances of Injury: ____________________

Name(s) of Other Parties Involved:

Names of All Physicians, Surgeons or other Heath Care Providers Who Examined or Treated You:

Please state the names of all medic al practitioners (including chiropractors) whom examined and / or treated you within the past ten years. Also, list the names of all hospitals and clinics of which you have been a patient in the past ten years: