

Personal Injury Claim Questionnaire & Documentation Request

Injured Party/Plaintiff:

Address:

Phone:

Date of Incident (Injury/Death/Termination):

Date of Birth:

Marital Status:

Dependents/Children:

Highest Level of Education:

Employment History

Names of Employers

Dates of Employment

Hourly or Salary Earnings

Documentation Request

- Copies of Personal Income Tax Returns – Last 5 to 10 Years, Inclusive of W-2's
- Documentation Supporting Benefits Received, Health Benefits, 401K Match, Other.
- Documentation Supporting Retirement Benefits/Pension Plan
 - Including support for payments already received.
- Documentation Supporting workers compensation or disability benefits received.
- Union Documents in regard to Health Benefits, Retirement Benefits & Fringe Benefits.
- Any other documentation supporting income/benefits received.

FAZ Contact

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