

# Questions for Personal Injury Attorneys/OBRA 1993 Clients

## Personal Information regarding the Person with a Disability

1. Full Name of the person with a disability, including middle initial:

\_\_\_\_\_

2. Address and telephone number of the person with a disability:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Date of Birth:

\_\_\_\_\_

4. Social Security Number:

\_\_\_\_\_

5. Sex:         Male         Female

6. If the person with a disability is a minor, does he or she:

a. Have a guardian?  Yes     No

If so, who? \_\_\_\_\_

In which county was the guardianship established? \_\_\_\_\_

What is the docket number of the court file? \_\_\_\_\_

Who was the presiding judge? \_\_\_\_\_

b. Have a conservator?  Yes     No

If so, who? \_\_\_\_\_

In which county was the conservatorship established? \_\_\_\_\_

What is the docket number of the court file? \_\_\_\_\_

Who was the presiding judge? \_\_\_\_\_

c. Have a guardianship of the estate?  Yes     No

If so, who? \_\_\_\_\_

In which county was the guardianship of the estate established? \_\_\_\_\_

What is the docket number of the court file? \_\_\_\_\_

Who was the presiding judge? \_\_\_\_\_

*Please attach court orders, guardianship letters of authority and relative pleadings.*

7. Is the adult person with a disability the subject of a guardianship?

Yes    No

If so, who? \_\_\_\_\_

In which county was the guardianship established? \_\_\_\_\_

What is the docket number of the court file? \_\_\_\_\_

Who was the presiding judge? \_\_\_\_\_

b. Have a conservator?  Yes    No

If so, who? \_\_\_\_\_

In which county was the conservatorship established? \_\_\_\_\_

What is the docket number of the court file? \_\_\_\_\_

Who was the presiding judge? \_\_\_\_\_

c. Have a guardianship of the estate?  Yes    No

If so, who? \_\_\_\_\_

In which county was the guardianship of the estate established? \_\_\_\_\_

What is the docket number of the court file? \_\_\_\_\_

Who was the presiding judge? \_\_\_\_\_

*Please attach court orders, guardianship letters of authority and relative pleadings.*

8. What is the marital status of the parents of the person with a disability? With whom does the person with a disability reside?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Does the person with a disability live at home or in an alternative living situation? If the person with a disability resides in an alternative living situation, please list:

a. Type of living arrangement: \_\_\_\_\_

b. Address and phone number of residence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Contact person (if necessary): \_\_\_\_\_

10. Is the person with a disability a citizen of the United States?  Yes  No

11. If the person with a disability is not a U.S. citizen, is he/she a qualified alien?

Yes  No  Don't Know

Personal Injury Attorney

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_  
\_\_\_\_\_

3. Telephone: \_\_\_\_\_ 4. Fax: \_\_\_\_\_

Insurance Companies

Health  Auto  Other

1. Name \_\_\_\_\_

2. Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Telephone \_\_\_\_\_ 4. Fax: \_\_\_\_\_

5. Contact Person: \_\_\_\_\_

6. Policy Owner: \_\_\_\_\_

Health  Auto  Other

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_  
\_\_\_\_\_

3. Telephone: \_\_\_\_\_ 4. Fax: \_\_\_\_\_

5. Contact Person: \_\_\_\_\_

6. Policy Owner: \_\_\_\_\_

Potential Trustees

1. Initial Trustee Name: \_\_\_\_\_

2. Address: \_\_\_\_\_  
\_\_\_\_\_

3. Telephone: \_\_\_\_\_ 4. Fax: \_\_\_\_\_

5. Alternate Trustee Name: \_\_\_\_\_

6. Address: \_\_\_\_\_  
\_\_\_\_\_

7. Telephone: \_\_\_\_\_ 8. Fax: \_\_\_\_\_

Factual Background

1. What was the date of the injury and / or disability and how did it occur?

2. Describe the nature and extent of the injuries and / or disabilities.

3. Describe the person with a disability's current physical, mental and emotional condition.

4. What is the prognosis for the future?

5. Is it anticipated that nursing home care will be required?

6. What is his or her life expectancy?

7. Who are the present caregivers? Please describe them.

8. Are services provided by an agency or by family members?

9. If from an agency, please list:

Name of Agency: \_\_\_\_\_

Address of Agency: \_\_\_\_\_

\_\_\_\_\_

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

Contact Person at Agency: \_\_\_\_\_

10. If he or she is receiving care from family members, please list the following:

Name of Family Member:\_\_\_\_\_

Address of Family Member:\_\_\_\_\_

Telephone Number of Family Member:\_\_\_\_\_

11. Are there other significant health conditions (related or not)? If so, please attach a copy of pertinent past history.

The Parties

1. Is there more than one plaintiff? ( ) Yes ( ) No

2. If so, who are they?

3. What is the nature of their claims?

4. What are their damages?

5. If the plaintiff is a parent, does he or she have reimbursable costs? If so, for what?

6. Who is the tortfeasor? Is there a qualified assignment?

The Settlement

1. How much is the overall settlement of judgement?

2. What are the costs?

3. What is the contingency fee?

4. Are fees owed to more than one lawyer?

5. Will there be any attorney liens filed in the case?

6. Will the amount of the settlement or judgement make the Plaintiff whole or will Plaintiff's injuries be permanent?

7. Is the settlement a lump sum?

A structured settlement?

8. If there is no settlement, is there an offer?

If so, how much is the offer?

What does plaintiff's attorney realistically think the case is worth?

9. How much of the settlement is allocated to medical claims of the person with a disability?

10. What is the allocation of that portion of the settlement not allocated to medical claims of the person with the disability?

Liens, Subrogation Claims

1. Was the plaintiff receiving Medicaid at any time since the accident?

2. Was the plaintiff receiving Medicare at any time since the accident?

3. Has Medicaid or Medicare been notified of the commencement of the action, or of the settlement, arbitration award or jury verdict?

4. Is there a Medicaid lien or Medicare claim? If so, how much is it?

5. Has this lien of claim already been negotiated? Have any releases been signed?

6. Has Plaintiff received any benefits from worker's compensation?

If yes:

Name of Carrier: \_\_\_\_\_

Address of Carrier: \_\_\_\_\_

Telephone number of Carrier: \_\_\_\_\_

Fax Number of Carrier: \_\_\_\_\_

Contact Person at Carrier: \_\_\_\_\_

7. Are there any insurance subrogation claims in the case? If so, please describe the nature and extent of the subrogation claim.

8. Has he or she ever received Medicaid in any other state?

If so, please list the states in which Medicaid benefits were paid.

Public Benefits

1. Is *anyone* in the household of the person with a disability or an immediate family receiving public benefits? Who?

2. What public benefits are family or household members receiving?

3. What public benefits is the person with a disability receiving? (Please list all public benefits: Medicaid, Special Waiver Programs, SSI, SSD, Workers' Comp, Medicare, etc. and please attach verification of all forms of benefits received).

Have any of the benefits been discontinued?

Are any of the state and federal agencies aware of the possibility of these funds?

4. Does the person with a disability receive case management from an agency? If so, which agency?

5. Is it likely he or she will require public benefits assistance in the future? If so, why?

6. Does the he or she have any income? From what source?

7. Has the person with a disability made an application for public benefits that is still pending?

8. Has the person with a disability ever received public benefits (other than Medicaid) in any other state?      Yes      No

If so, please list the states in which benefits were paid and the nature of the benefit.

Court Proceedings

1. Do you believe court approval of the settlement is necessary? If not, why not?

2. Assuming court approval is necessary, who are the interested parties? What are their names and addresses?

3. Who signed the engagement agreement with the plaintiff's counsel?

4. Please set forth the court in which the proceeding is pending.

5. Please set forth the docket number of the case.

6. Please set forth the name of the presiding judge.

Expectations

1. What types of services does the person with a disability now need that the he or she is not receiving?

2. What kinds of equipment or personal property does the person with a disability hope to purchase.

3. Where would the person with the disability like to be in two years?

4. If the person with a disability is living with parents or a spouse, what kinds of equipment, personal property or renovations would the parents or spouse like to see come out of this trust?

Estate Planning

1. Does the person with the disability presently have any estate planning documents (wills, trusts, powers of attorney)? If so, please attach copies.

2. Do the parents or spouse have any estate planning documents? If so, please attach copies.

Who is the client?

1. Who will be the client of the Law Office of Patricia E. Kefalas Dudek?

Counsel?  Yes  No

Person with the disability?  Yes  No

Guardian?  Yes  No

Conservator?  Yes  No

Power of Attorney for the  
Person with the Disability?  Yes  No

2. Will the fees of the Law Office of Patricia E. Kefalas Dudek be carried as a cost of the pending litigation by plaintiff's counsel?

3. Who is the guarantor of the fees of the Law Office of Patricia E. Kefalas Dudek?