

DAVIS·BLANK·FURNISS

Personal Injury Trust Questionnaire



Part A – Client details

01. PERSONAL DETAILS

Title

Forename(s)

Surname

Date of Birth

Address

Landline Number

Mobile Number

Email Address

Part B – Injury details

01. CASE DETAILS: PERSONAL INJURY AND DAMAGES AWARD

Date of Personal Injury

Nature of the injury (for example, road traffic accident, medical negligence, industrial injury)

Case number

Date of judgment or out-of-court settlement awarding damages

How much, in total, did the order or settlement entitle you to?

If judgment has not been received, how much do you expect the damages award to be in total?

From when are you expecting to receive payment?

Have you, to date, received any interim payments?

Amount:

Date(s) Received:

02. CONTACT DETAILS FOR SOLICITORS ACTING FOR YOU IN YOUR CLAIM

Solicitor & Firm Name

Direct Telephone Number

Address

Name of the defendant

Part C – Household members

Are you married/in a civil partnership or living with a partner? **YES** **NO**

Do you have children living with you (under 16 years old)?

Name

Age

Part D – Benefits

01. MEANS-TESTED BENEFITS

If you, or a member of your household, claim any of the following benefits, please state how much you receive for each a week followed by how much others in your household receive a week.

BENEFIT	WEEKLY AMOUNT RECEIVED	
	YOU	OTHERS
Income support		
Jobseeker's allowance		
Employment and support allowance		
Housing benefit		
Local housing allowance		
Council tax benefit		
Pension credit		
Disability living allowance (specify at what rate)		
Incapacity benefit		
Personal independence payment		
Bereavement allowance		
Industrial injuries disablement benefit		
Carer's allowance		
Working tax credit		
Child tax credit		

02. JOB CENTRE ADDRESS

Address of local benefits office or Job Centre Plus that processes your benefits claims (if applicable).

Address

Part E – Further information

01. OTHER RELEVANT CIRCUMSTANCES

Are you aware of any family circumstances that may change your finances in the future, such as Divorce or Civil Partnership dissolution or separation, bankruptcy or the need to fund long-term care costs?

Do you have any debts (such as credit card bills or hire purchase agreements) to pay off?

If so, please state amounts

Can you suggest anybody who could act as a trustee? Please give the full name and address of **at least two** people who are not members of your household:

Name

Address

Name

Address

Have you made a will?

02. OTHER RELEVANT INFORMATION

