CHICAGO VOLUNTEER LEGAL SERVICES

Because equal access to justice is everyone's fight

Today's Date:

Legal Screener Name:

Clinic:

TORT DEFENSE QUESIONNAIRE

PLEASE COMPLETE *ALL* INFORMATION, IF POSSIBLE

CLIENT

Name: Age:

Address: City: State:

Home Telephone: Mobile: Work:

Email:

Household Income: per month. Source:

PLAINTIFF AND ATTORNEY, IF REPRESENTED

Name(s):

Address(s):

Telephone(s):

Email(s):

☐ Additional adverse parties and their attorneys on reverse

COURT CASE

List ALL pending cases

Next Court Date(s)	Court Case Number(s)

When was the court case filed? Statute of Limitations Defense? ☐ Y ☐ N

Has Client filed an **APPEARANCE** or **ANSWER**? ☐ Y ☐ N ☐ Default Order Entered

Date of Default:

A ☐ Police Report ☐ Accident Report ☐ Incident Report made. IR Number:

☐ at the time of the accident?

☐ after the accident?

☐ not at all.

The client must provide a copy of

1) all pleadings filed in their cases

2) proof of insurance

3) correspondence from insurance companies

4) police reports

5) medical records, etc.

INSURANCE

☐ Client had no insurance at the time of the accident, or

List insurance information for Client (insurer / policy number / dates of policy):

Date of insurance contacted:

Insurance for other party(ies):

Date of insurance contacted:

Witnesses (not involved):

What happened, location, date, time of accident, weather:

Property Damage and Bodily Injuries:

The client must provide a copy of

1) all pleadings filed in their cases
2) proof of insurance
3) correspondence from insurance companies
4) police reports
5) medical records, etc.

MEMORANDUM OF CASE

BRIEF SUMMARY: Why has PC contacted CVLS? What does PC ultimately want?

DETAILED SUMMARY:

Please provide a detailed description of the client's legal matter. This summary may include a timeline of events, the parties involved, and your opinion on whether the client would be an appropriate pro bono client. (Organized, sympathetic, difficult).

UPCOMING COURT DATES OR COURT ACTIVITY:

INTERVIEWER NOTES/ADDITIONAL INFORMATION: