



PRIVATE CLIENT
— SOLICITORS —

PERSONAL INJURY TRUST QUESTIONNAIRE



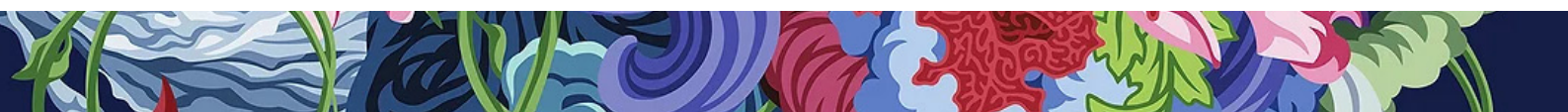
Client details		
1.	Forename(s)	
2.	Surname	
3.	Title	
4.	Date of birth	
5.	Home address	
6.	Telephone number	Landline:
		Mobile:
7.	E-mail address	
Case details: personal injury and damages award		
8.	Date of personal injury	
9.	Nature of the injury (for example, road traffic accident, medical negligence, industrial injury)	
10.	Case number	
11.	Date of judgment or out-of-court settlement awarding damages	
12.	How much, in total, did the order or settlement entitle you to?	

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13.	If judgment has not been received, how much do you expect the damages award to be in total?		
14.	From when are you expecting to receive payment?		
15.	Have you, to date, received any interim payments?	Amount:	Date(s) received:
16.	Contact details for solicitors acting for you in your claim	Solicitor and firm name:	
		Address:	
		Direct telephone number:	
		E-mail address:	
17.	Name of the defendant		
Household members			
18.	Are you married or living with a partner?		
19.	Do you have children living with you (under 16 years old)?	Names:	Ages:

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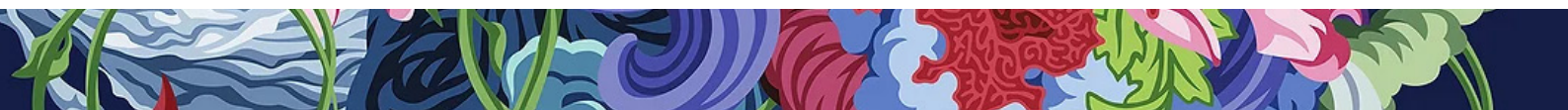
Welfare Benefits

20.

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

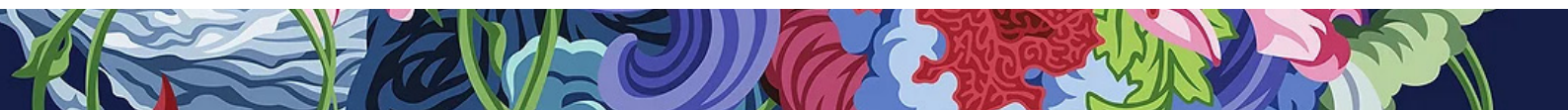
	Benefit	Weekly amount received
	Bereavement allowance	You: Others:
	Carer's allowance	You: Others:
	Child tax credit	You: Others:
	Council tax benefit	You: Others:
	Disability living allowance (specify at what rate)	You: Others:
	Employment and support allowance	You: Others:

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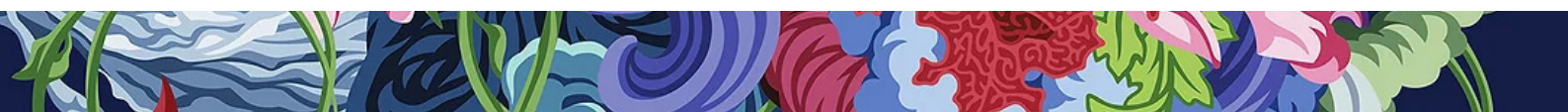
	Housing benefit	You:
		Others:
	Incapacity benefit	You:
		Others:
	Income support	You:
		Others:
	Industrial injuries disablement benefit	You:
		Others:
	Jobseeker's allowance	You:
		Others:
	Local Authority Funding	You:
		Others:
	Pension credit	You:
		Others:

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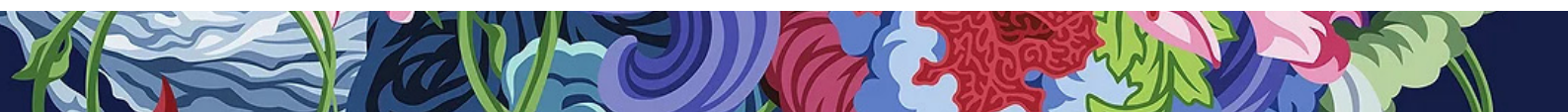


	Personal independence payment	You:
		Others:
	Universal credit	You:
		Others:
	Working tax credit	You:
		Others:
21.	Address of local benefits office or Job Centre Plus that processes your benefits claims (if applicable)	
Other relevant circumstances		
22.	Are you aware of any family circumstances that may change your finances in the future, such as divorce or separation, bankruptcy or the need to fund long-term care costs?	
23.	Do you have any debts (such as credit card bills or hire purchase agreements) to pay off? If so, please state amounts	

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<p>24. Who would you like to appoint as your Trustees?</p> <p>You can be a Trustee as well.</p> <p>If you would like to appoint a third Trustee, please provide details in the additional information box on the last page.</p>	<p>Trustee 1</p> <p>Name:</p>
	<p>Address:</p>
	<p>Time at current address: Years: Months: (if less than 3 years, your previous address and time there)</p>
	<p>Email address:</p>
	<p>Mobile:</p>
	<p>Date of Birth:</p>
	<p>Maiden name: (if applicable)</p>
	<p>Occupation:</p>
	<p>Nationality:</p>
	<p>Country of birth:</p>
	<p>Trustee 2</p> <p>Name:</p>
	<p>Address:</p>
	<p>Time at current address: Years: Months: (if less than 3 years, your previous address and time there)</p>
	<p>Email address:</p>



		Mobile:
		Date of Birth:
		Maiden name: (if applicable)
		Occupation:
		Nationality:
		Country of birth:
25.	<p>Q1: Have you made a will?</p> <p>Q2: If so, when?</p> <p>Q3: Would you like to speak to us about putting in place a will, or reviewing your existing will?</p>	<p>Q1: Yes No</p> <p>Q2: Date:</p> <p>Q3: Yes No</p>
26.	Additional Information	

