

# Questionnaire

Please provide as much detail as you can on the client's background. Thank you.

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## Section 1: Client Background

NAME: \_\_\_\_\_

D.O.B. \_\_\_\_\_

BIRTHPLACE: \_\_\_\_\_

S.S.N.: \_\_\_\_\_

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## Section 2: Residential History (Please Date Back at Least 15 Years)

CURRENT ADDRESS [ own rent other

ADDRESS 3 [ own rent other

Street: \_\_\_\_\_

Street: \_\_\_\_\_

City, State: \_\_\_\_\_

City, State: \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_

ADDRESS 2 [ own rent other

ADDRESS 4 [ own rent other

Street: \_\_\_\_\_

Street: \_\_\_\_\_

City, State: \_\_\_\_\_

City, State: \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_

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## Section 3: Insurance Information (Include Identification Numbers, if known)

MEDICARE: \_\_\_\_\_

MEDICAID: \_\_\_\_\_

PRIVATE INSURANCE: \_\_\_\_\_  
POLICY NUMBER: \_\_\_\_\_

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## Section 4: Sources of Income

SOCIAL SECURITY (Please Check: SSD SSI SSA)  
Amount per Month: \$ \_\_\_\_\_ Payee: \_\_\_\_\_

SALARY/EARNINGS (Company: \_\_\_\_\_)  
Amount per Month: \$ \_\_\_\_\_

PENSION  
Amount per Month: \$ \_\_\_\_\_

INTEREST (Bank/Institution: \_\_\_\_\_)  
Amount per Month: \$ \_\_\_\_\_

OTHER (Please indicate: \_\_\_\_\_)  
Amount per Month: \$ \_\_\_\_\_

**Section 5: Assets (Cash, Savings Account, Checking Account, C.D., IRA, Real Estate, Burial Funds, Life Insurance, Stocks and Bonds, Interest in an Estate, etc.)**

ASSET 1:  
Bank/Institution: \_\_\_\_\_  
Acct #: \_\_\_\_\_  
Amount: \_\_\_\_\_

ASSET 2:  
Bank/Institution: \_\_\_\_\_  
Acct #: \_\_\_\_\_  
Amount: \_\_\_\_\_

ASSET 3:  
Bank/Institution: \_\_\_\_\_  
Acct #: \_\_\_\_\_  
Amount: \_\_\_\_\_

ASSET 4:  
Bank/Institution: \_\_\_\_\_  
Acct #: \_\_\_\_\_  
Amount: \_\_\_\_\_

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**Section 6: Expenses**

Type: \_\_\_\_\_  
Amount: \_\_\_\_\_

Type: \_\_\_\_\_  
Amount: \_\_\_\_\_

Type: \_\_\_\_\_  
Amount: \_\_\_\_\_

Type: \_\_\_\_\_  
Amount: \_\_\_\_\_

Type: \_\_\_\_\_  
Amount: \_\_\_\_\_

Type: \_\_\_\_\_  
Amount: \_\_\_\_\_

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**Section 7: Marital Information**

The client is **SINGLE**.

The client is **MARRIED**.  
(Please complete Section 8)

The client is **SEPARATED**.  
(Please complete Section 8)

The client is **DIVORCED**.  
Date of Divorce: \_\_\_\_\_

The client accepts \_\_\_\_\_ children. Their names and dates of birth are:  
Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Legally Responsible Relative (L.R.R.) \_\_\_\_\_  
Address: \_\_\_\_\_

Power of Attorney: \_\_\_\_\_  
Address: \_\_\_\_\_



**Section 9: Additional Information (Next of Kin, anything else you would like to add)**

I HEREBY ATTEST THE STATEMENTS GIVEN ABOVE ARE TRUE, CORRECT,  
AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Please sign include the last four pay stubs, a signed copy of the current state and federal 1040 form, W-2's, and other support documentation with this questionnaire, if available.

**FAILURE TO RETURN THIS QUESTIONNAIRE WILL RESULT IN A SUBPOENA FOR YOUR APPEARANCE TO TESTIFY**

**Please return to:** Morris County Adjusters Office  
P.O. Box 900  
Morristown, NJ 07963-0900