

CONFIDENTIAL CAMP FIRE (BUTTE COUNTY) CLIENT QUESTIONNAIRE

CLIENT’S BACKGROUND INFORMATION

Note: If you are filling out this form for a child, deceased person, or person for whom you have Power of Attorney, put their information in this section.

First: _____ Middle: _____ Last: _____ Suffix: _____

SSN: _____ DOB: _____ Sex: Male Female

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Insurance Company: _____

PHYSICAL INJURY AND/OR EMOTIONAL DISTRESS FROM THE FIRE

1. Did you suffer physical injuries as a direct result of the Camp Fire? Yes No

a. **If yes**, were you hospitalized and/or treated by a physician for the physical injuries? Yes No

b. Are you claiming emotional distress as a result of the Fire? Yes No

i. **If yes**, have you sought treatment? Yes No

c. Describe Injury and/or emotional distress: _____

DECEASED PARTY

2. Is the injured party deceased? Yes No Was death caused by the Camp Fire? Yes No

Name of Decedent: _____ Relationship to decedent: _____

If yes, Date of Death: _____ Cause of death: _____ Will/Probate? Yes No

REPRESENTATIVE INFORMATION (Minor, Deceased or Power of Attorney)

First: _____ Middle: _____ Last: _____ Suffix: _____

Relationship: _____ Type of Rep: _____

Who are you Representing? : _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

DWELLING DAMAGE

3. Did your home, either owned or rented by you, suffer fire damage during the Camp Fire?

Yes No

If yes:

Fully destroyed by fire Partially destroyed by fire Smoke damage Death of Pet/Livestock

Address: _____ City: _____ State: _____ Zip: _____

Rent Sole Owner Co-Owner Name of Owner(s): _____

Relationship(s) to Owner(s): _____ Phone Number(s) _____

Present intent to re-build: No Yes

* If you have additional addresses, please use the back of this form to list each address and answers to question 1.

Please provide the following information for each individual residing in the affected home:

Full Name	DOB (mm/dd/yyyy)	Relationship	Injured?	Describe the Injury

BUSINESS DAMAGE

4. Did your place of business, either owned or rented by you, suffer fire damage during the Camp Fire? Yes No

Name of Business: _____ TIN: _____

Address: _____ City: _____ State: _____ Zip: _____

Rent Sole Owner Co-Owner Name of Owner(s): _____

Relationship(s) to Owner(s): _____ Phone Number(s) _____

Fully destroyed by fire Partially destroyed by fire Smoke damage

* If you have additional addresses, please use the back of this form to list each address and answers to question 2.

LOSS OF INCOME DUE TO FIRE DAMAGE TO YOUR PLACE OF EMPLOYMENT

5. Did your place of employment suffer fire damage during the Camp Fire? Yes No

Name of Business: _____

Address: _____ City: _____ State: _____ Zip: _____

Fully destroyed by fire Partially destroyed by fire Smoke damage

a. **If yes**, have you suffered a loss of income?

Yes Amount: \$ _____ No

* Please describe your loss of income: _____

* Please note that proof of employment (pay stubs, income tax return, etc) as well as confirmation that the place of employment actually burned and then closed as a result of the fire, will be required in order to move forward with this type of claim.