

CONFIDENTIAL FIRE 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: ____/____/____

DAMAGE ADDRESS: _____

City: _____ State: _____ Zip _____

Occupants in Damaged Property

Other occupants of the damaged property have valid claims. Please only add a person below if you know that the individual has signed or will sign a contract with our firms to represent him/her in a claim. This includes minors, those who have died, or others from whom you have Power of Attorney.

Full Name	DOB	Relationship to You	Injured?	Describe injury

Other Properties

Did you own or rent other properties impacted by the fire:? Yes: No: Rent: Owned:

Location of other property/properties: _____

Loss of Income Due to Fire Damage to Your Place of Employment

Did your place of employment suffer fire damage during the CAMP Fire? Yes: No:

If **yes**, then was it: Fully destroyed by fire: Partially destroyed by fire: Smoke damaged:

Name of Business: _____

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

Have you suffered a loss of income? Yes No

If **yes**, what is your estimated total loss of income: \$ _____

Please describe your loss of income: _____

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