

# SUBROGATION QUESTIONNAIRE

PARTICIPANT'S NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

INJURED PARTY'S NAME: \_\_\_\_\_

DATE OF ACCIDENT: \_\_\_\_\_

FACTS: \_\_\_\_\_

**(Check those that apply)**

\_\_\_\_\_ I have not hired an attorney.

\_\_\_\_\_ I have hired an attorney.

\_\_\_\_\_ My attorney's name is: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ I have filed a lawsuit or claim in:

Name of Court: \_\_\_\_\_

Case No.: \_\_\_\_\_

\_\_\_\_\_ I have received a settlement in the amount of \$ \_\_\_\_\_  
(A copy of the settlement agreement must be attached.)

\_\_\_\_\_ I do not intend to pursue my claim. Explain why: \_\_\_\_\_

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I declare, under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

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

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

(Participant if injured party is a minor)