

NICOLE TESTA MEHDIPOUR
UNITED STATES BANKRUPTCY TRUSTEE
SOUTHERN DISTRICT OF FLORIDA

PERSONAL INJURY INFORMATION

Debtor/Co-Debtor Name _____ *Bankr. Case No.* _____
Date of accident: _____ *Petition Date:* _____

Type of claim: _____ auto accident _____ slip and fall
_____ medical malpractice _____ Other (explain) _____

Who was injured? _____ Debtor name
_____ Co-Debtor name

Nature of injury? _____

Were you admitted to the hospital as a result of injuries from this accident? yes no

_____ Debtor: Number hospitalized: _____ days/months
_____ Co-Debtor: Number of days hospitalized: _____ days/months

Have you received any medical treatment for injuries from this accident? yes no

Debtor: surgery physical therapy Other – explain _____
C-Debtor: surgery physical therapy Other – explain _____

Have you had any additional hospitalizations or operations as a result of this accident?

_____ Debtor: Number hospitalized: _____ days/months
_____ Co-Debtor: Number of days hospitalized: _____ days/months

Have you lost work as a result of your injuries? yes no

Have you returned to work? yes no If so, when _____

Do you have an attorney representing you? yes no If yes, provide below information.

(If not, provide the name of any attorney you contacted regarding the accident).

Name: _____ Phone no. _____
Address: _____ Email: _____

**UNDER PENALTY OF PERJURY, I CERTIFY THAT THE FOREGOING STATEMENTS
ARAE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND
BELIEF. I UNDERSTAND THAT ANY PERSONAL INJURY PROCEEDS ARE PROPERTY OF
THE BANKRUPTCY ESTATE AND THAT ANY ACTION TO EXERCISE CONTROL OVER
SUCH FUNDS MAY RESULT IN DENIAL OR REVOCATION OF MY DISCHARGE.**

Debtor _____ *Co-Debtor*

Date _____ *Date*