

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*