

Business Damage Questionnaire

Name of Business (Plaintiff): _____

Type of Business: _____

Date Business Started: ____ / ____ / ____
month day year

Contact Person at Business: _____

(last, first, middle)

Attorney Information:

Name: _____

Address: _____

Phone Number: _____

Email address: _____

Name of Defendant: _____

(last, first, middle)

Nature of Injury (Please circle all that apply):

- a. Breach of Contract
- b. Eminent Domain Taking
- c. Injury to Principal of Business
- d. Intellectual Property Dispute
- e. Anti-Trust
- f. Construction Defect
- g. Other: _____

Business Damage Questionnaire

Date of Event: ____ / ____ / ____
 month day year

Has problem been resolved? Yes ___ No ___

If no, please explain the reasons why a resolution has not been met. _____

Other Documents Required

Please enclose copies of the following additional document for our review.

- a. Business Tax Returns
- b. Monthly Income Statements
- c. Revenue & Costs
- d. Complaint
- e. Depositions from plaintiff, defendant, and expert witnesses

Name of person completing the questionnaire and date completed:

Name: _____
(last, first, middle)

Date: ____ / ____ / ____
 month day year

Relationship to plaintiff: _____

Phone: _____ Email: _____

Address: _____