Confidential Questionnaire for Wrongful Death Family Members

The Law Firm of Aaron A. Herbert, P.C. · Wrongful Death and Family Support Center · 214-200-4878

Please complete only what you can. You may skip questions, write “not sure,” request a private conversation, or ask staff to help. You do not need to finish this questionnaire before requesting a consultation. Each family member may complete a separate copy.

Privacy and use: Intended for confidential legal intake and support planning. The word confidential does not guarantee attorney-client privilege or protection from every lawful disclosure. Submission does not by itself create representation. Do not include Social Security numbers, account numbers, passwords, or detailed therapy records. Ask the firm for its designated private return method. Do not post a completed form publicly.

1. Your immediate priorities

If anyone faces an immediate threat to life or safety, contact emergency services. This form is not continuously monitored and is not an emergency response service.

What does your family most need help with today?

Please mark any urgent concerns:

☐ Safe place tonight ☐ Food or essential supplies ☐ Medications or medical care

☐ Rent or utilities ☐ Transportation ☐ Child or dependent care

☐ Emotional support ☐ Funeral arrangements ☐ Legal or insurance deadline

☐ Other ☐ None right now ☐ Prefer to discuss privately

What must happen soon, and by what date?

2. Your contact preferences

Your name and relationship to the person who died

Telephone and email you choose to provide

Preferred contact: ☐ Call ☐ Text ☐ Email ☐ Other

May we leave voicemail? ☐ Yes ☐ No May the message name the firm? ☐ Yes ☐ No

Best times, preferred language, interpreter or accessibility needs

3. Family information and essential incident details

Name of the person who died; incident date and date of death if known

Incident location and type of incident

Briefly describe what you know. Graphic details are not necessary here.

Agencies involved and report number if known

People or organizations involved, including employers or insurers if known

Has a lawyer been retained concerning this incident? ☐ Yes ☐ No ☐ Not sure

If yes, lawyer or firm name and current status if known

4. Family members and dependents

List surviving spouse, children, and parents for legal evaluation. Also identify others who depended on the deceased. Being listed does not establish eligibility for a claim. Initials and ages are sufficient for children at this stage.

Name or initials, relationship, age if relevant, household, and support needed

Who depended on your loved one for income, transportation, or care?

Any family disagreement or representation concern you want to discuss privately?

5. Housing essentials and household finances

Safe housing tonight? ☐ Yes ☐ No ☐ Not sure ☐ Prefer to discuss

Food and essential medication for the next few days? ☐ Yes ☐ No ☐ Not sure

Any eviction, foreclosure, repossession, or utility shutoff notice? ☐ Yes ☐ No ☐ Not sure

Describe the deadline or immediate concern without listing account numbers

Approximate essential expenses due within seven days and thirty days

Income lost or interrupted and lawful funds or benefits currently available

Would you like to discuss assistance options? ☐ Yes ☐ No ☐ Later

Identifying a need does not guarantee payment or approval. The firm must separately review any proposed financial arrangement. Tell us about funding agreements or advances you have been offered before signing.

6. Transportation and caregiving

Reliable transportation available? ☐ Yes ☐ No ☐ Limited

Trips needed, vehicle access, accessibility needs, or school transportation concerns

Childcare, elder care, disability support, or household tasks needing replacement

Temporary helpers and how long they can assist

Any question about authority to make school, care, or medical decisions?

7. Emotional support and respectful communication

You do not need to describe a diagnosis, treatment history, or distressing details to request a referral. Skip any item you prefer to discuss privately.

Would information about grief or trauma support help? ☐ Yes ☐ No ☐ Later

Support preferred: ☐ Individual ☐ Family ☐ Child or teen ☐ Peer group ☐ Spiritual

Language, culture, faith, affordability, accessibility, or scheduling preferences

Existing professional you would like considered for coordination, if any

Would you like a support person at legal meetings? ☐ Yes ☐ No ☐ Not sure

Name and relationship of proposed support person

Would advance notice before distressing images or records help? ☐ Yes ☐ No

Anything that would make conversations easier, including breaks or written summaries?

8. Funeral arrangements and belongings

Funeral provider selected? ☐ Yes ☐ No ☐ Not sure

Funeral provider or medical examiner contact if known

Concerns about costs, release of remains, transport, cultural practices, or belongings

Outstanding records or death certificate needs

9. Benefits estate administration and evidence

Potential benefits: ☐ Life insurance ☐ Employer benefits ☐ Social Security ☐ Retirement ☐ Work-related benefits ☐ Military benefits ☐ Not sure

Employer or benefits contact and any application deadlines

Family health coverage affected? ☐ Yes ☐ No ☐ Not sure

Will or trust located? ☐ Yes ☐ No ☐ Not sure

Estate representative appointed by a court? ☐ Yes ☐ No ☐ Not sure

Probate lawyer, representative, or urgent property or business concern

Please identify evidence without attaching graphic images or original documents unless requested. Do not alter or delete potentially relevant material. Do not enter unsafe locations to collect evidence.

Available information: ☐ Photos ☐ Video ☐ Witnesses ☐ Messages ☐ Vehicle or equipment

Where evidence is located and any scheduled repair, disposal, or storage deadline

Statement, release, or settlement requested? ☐ Yes ☐ No ☐ Not sure

Who contacted you, what was requested, and any stated deadline

10. Privacy preferences and next steps

Unwanted contacts, media attention, scams, or other privacy concerns

Who may receive logistical updates, and what information may be shared?

This identifies preferences only; it is not a blanket release or permission to obtain treatment records. Staff should confirm specific consent before contacting outside providers or sharing sensitive information. No marketing or testimonial consent is requested here.

What have we not asked that would make the next few days easier?

Completed by and date; assistance provided by if applicable