

# emmott snell & co

Levison Cottage  
32 Grove Place  
Bedford  
MK40 3JJ

## **ABUSE / NEGLECT QUESTIONNAIRE**

Welcome to Emmott Snell & Co.

To help us assess your case, please could you complete this questionnaire as fully as possible and return it in the prepaid envelope provided.

Please leave blank any sections that you believe do not apply to you.

Should you have any queries when completing this questionnaire please do not hesitate to telephone us on 01234 360140



[www.emmottsnell.co.uk](http://www.emmottsnell.co.uk)

(a) Title (Mr, Mrs, Miss etc): .....

(b) First names: .....

(c) Last name: .....

(d) Any other last name you have used (for example, your maiden name):

.....

(e) Address

.....

.....

.....Postcode:.....

(f) Date of Birth: .....Town of Birth: .....

(g) Are you?      Male       Female

(h) Are you?      Married       Single       Widowed   
                    Divorced       Separated       Living with a partner

(i) Home telephone number: .....

(j) Mobile telephone number: .....

(k) Work telephone number: .....

(l) National Insurance Number: 

--	--	--	--	--	--	--	--	--	--

(m) Occupation:  
.....

**Section 2: The Abuse**

1. Was your abuse:

1.1. a single incident Yes/No Date .....Time.....am/pm

1.2. over a period of time? From.....To.....

2. Your address and postcode at the time of the incident or abuse  
(if different from your present address)

.....  
.....  
.....

3. Full address of where the incident or abuse happened

.....  
.....  
.....

4. Who injured / abused you? (Give their full name if known)

.....  
.....

5. Were you and the person who abused you living in the same household, as members of  
the same family, at the time of the incident or abuse? Yes/No

If yes, are you and the person who injured you still living in the same household as  
member of the same family? Yes/No

6. Is your abuser still alive? Yes/No/Don't know

7. If your abuser is dead, do you know when he died? .....

8. If your abuser is alive, please provide his address if known.

.....  
.....  
.....  
.....

9. Do you know whether your abuser has any assets eg property, savings, other?

**1) Property**

Property address/s:	Property value	Subject to a mortgage? If so, what value?

**2) Savings**

Building society / bank address	Value

**3) Other**


**Section 3: What Happened?**

**Did the sexual abuse/assault involve?**

Description	Tick
Masturbation	<input type="checkbox"/>
Penetration	<input type="checkbox"/>
Oral sex	<input type="checkbox"/>
Fondling/Kissing	<input type="checkbox"/>
Indecent Exposure	<input type="checkbox"/>
Implements other (please expand below)	<input type="checkbox"/>



**Section 4: Witnesses**

1. Did anyone see the incident or abuse, receive an injury from the incident, give information about the incident to the police or receive an injury from the same person?  
YES/NO

Witness One:

Name:.....

Address:.....

.....

Telephone Number:.....

Do you think he/she will be prepared to speak to us? YES/NO

Witness Two:

Name:.....

Address:.....

.....

Telephone Number:.....

Do you think he/she will be prepared to speak to us? YES/NO

**Section 5: We appreciate there are always very many reasons why abuse is not reported. However if you did report the abuse please complete this section.**

- 1. Were the police told about the incident or abuse Yes/No
  
- 2. Did you, or someone acting for you, make a formal report? Yes/No
  
- 3. Who told the police about the incident or abuse? You/Someone else  
If someone else – Who? .....

4. When were the police first told about the incident or abuse  
Date .....Time .....

5. Name and identification number of the officer the incident or abuse was reported to  
.....

6. Address of the police station the incident or abuse was reported to

.....  
.....

7. What is the crime reference number? .....

8. Did you give the police a written statement? Yes/No

9. Was the person who injured you convicted for incident or abuse? Yes/No/Don't know

10. If convicted, which Crown Court?.....

11. When was the trial and / or date of conviction?.....

**Section 6: Details of the report to any other authority**

12. Was the incident or abuse reported to anyone else other than the police? Yes/No

13. Did you report the incident or abuse yourself? Yes/No

If yes – Please provide the name and address of whom you reported the incident or abuse to

.....  
.....  
.....  
.....

14. When was the incident or abuse reported?

Date .....Time .....

15. Did you make a written statement? Yes/No

16. If the incident, or the last instance of abuse, happened more than three years ago, please could you explain why have you not contacted a solicitor before now.

.....  
.....  
.....  
.....  
.....

17. Are we the first solicitors you have contacted in relation to a civil claim? If not please provide name of previous solicitors and when you contacted them.

.....

**Section 7: Description of injuries**

1. Describe the physical and /or psychological injuries you received and / or still suffer as a result of the abuse (please feel free to write on separate page if necessary)

.....  
.....  
.....  
.....

2. Have you fully recovered from your injuries/the effect of the abuse. If not please expand.  
Yes/No

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

**Section 8: Details of any treatment received**

1. Did you ever go to hospital on account of your abuse?  
Yes/No

If yes – Name and address of the hospital

.....  
.....  
.....

2. Date you were admitted: .....

3.Date you were discharged: .....

4.Name and full address of your GP

.....

.....

.....Tel:.....

5. Have you received treatment for your injuries / the effects of the abuse? If so, please provide details, including provider of treatment, nature of treatment, duration etc:

.....

.....

.....

.....

.....

6. Are you still receiving treatment for your injuries/abuse? If so please provide details:

.....

.....

.....

.....

### **Section 9: Loss of earnings**

1.Have you been, or do you expect to be, unable to work, study or follow your normal lifestyle for more than 28 full weeks as a result of the effects of the injury / abuse?

Yes/No

2.Have you returned to work?

Yes/No

3.If yes - When? .....

4.Have you lost, or do you expect to lose, earnings or the ability to earn for more than 28 full weeks as a result of the injury?

Yes/No

If yes- give details below

.....

.....

5. Have you had to pay any special expenses? eg counselling, CBT, EMDR, and other treatment expenses  
Yes/No

If yes- give details below

.....  
.....

**Section 10: Payment and Compensation from other sources**

1. Have you claimed compensation for your injury from another person or organisation in respect of the abuse?

Yes/No

.....  
.....

2. Do you intend to apply to any other person or organisation (other than a court) for compensation for your injury?  
Yes/No

If yes – Give name and address of organisation below

.....  
.....  
.....  
.....

3. If you think a local authority or any other organisation / body was responsible for your abuse / neglect please explain why. (please use separate page if necessary)

.....  
.....  
.....  
.....  
.....

4. Have you applied to the Criminal Injuries Compensation Authority in respect of your abuse?

Yes/No

If yes, please provide details below

.....  
.....

.....

.....

5. If I am instructed in a Criminal Injuries Compensation Authority Claim I need to know whether you have any previous convictions, as this may reduce any award made to you. Do you therefore have any criminal convictions? If yes, please provide full details below

Date	Charge	Sentence
.....	.....	.....
.....	.....	.....
.....	.....	.....

**Legal Expense Insurance – important please:**

Legal Expenses Insurance may be included with your motor insurance (which usually applies only to road accidents) or household contents insurance. Your legal expense insurers may offer you indemnity in a civil claim, although in abuse claims, this is usually unlikely.

Do you have the benefit of any of the following:

	Yes	No	Checked by Fee Earner	Benefit
a) Motor Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
b) Home Contents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
c) Credit Card(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
d) Union Funding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
e) Other, please state	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

In all cases, we are required to see a copy/copies of your insurance policy please.

Thank you for your time in completing this questionnaire. Should you have any queries or require any assistance in completing the questionnaire please telephone ????????

## **Section 11: Medical Authorities**

### **Consent form**

**(Releasing health records under the Data Protection Act 1998)**

#### **About this form**

In order to proceed with your claim, your solicitor may need to see your health records. Solicitors usually need to see all your records as they need to assess which parts are relevant to your case. (Past medical history is often relevant to a claim for compensation.) Also, if your claim goes ahead, the person you are making the claim against will ask for copies of important documents. Under court rules, they may see all your health records. So your solicitor needs to be familiar with all your records.

---

#### **Part a – your, the health professionals’ and your solicitor’s or agent’s details**

Your full name:	
Your address:	
Date of birth:	
Date of incident:	
Solicitor’s or agent’s name and address:	Emmott Snell & Co, Levison Cottage, 32 Grove Place, Bedford, MK403JJ <b>REF: TE/</b>
GP’s name and address (and phone number if known):	
Name (and address if known) of the hospitals you went to in relation to this incident :	
If you have seen any other person or organisation about your injuries (for example, a physiotherapist) or have had any investigations (for example, x-rays) please provide details.	

---

#### **Part b – your declaration and signature**

Please see the ‘Notes for the client’ over the page before you sign this form.

##### **To health professionals**

I understand that filling in and signing this form gives you permission to give copies of all my GP records, and any hospital records relating to this incident, to my solicitor or agent whose details are given above.

Please give my solicitor or agent copies of my health records, in line with the Data Protection Act 1998, within 40 days.

Your signature:

Date:

#### **Part c – your solicitor’s or agent’s declaration and signature**

Please see the ‘Notes for the solicitor or agent’ over the page before you sign this form.

##### **To health professionals**

I have told my client the implications of giving me access to his or her health records. I confirm that I need the full records in this case. I enclose the authorised fee for getting access to records.

Solicitor’s or agent’s signature:

Date:

## Notes for the client

Your health records contain information from almost all consultations you have had with health professionals. The information they contain usually includes:

- why you saw a health professional;
- details of clinical findings and diagnoses;
- any options for care and treatment the health professional discussed with you;
- the decisions made about your care and treatment, including evidence that you agreed; and
- details of action health professionals have taken and the outcomes.

By signing this form, you are agreeing to the health professional or hospital named on this form releasing copies of your health records to your solicitor or agent. During the process your records may be seen by people who are not health professionals, but they will keep the information confidential.

If you are making, or considering making, a legal claim against someone, your solicitor will need to see copies of all your GP records, and any hospital records made in connection with this incident, so he or she can see if there is anything in your records that may affect your claim. Once you start your claim, the court can order you to give copies of your health records to the solicitor of the person you are making a claim against so he or she can see if any of the information in your records can be used to defend his or her client.

If you decide to go ahead with your claim, your records may be passed to a number of people including:

- the expert who your solicitor or agent instructs to produce a medical report as evidence for the case;
- the person you are making a claim against and their solicitors;
- the insurance company for the person you are making a claim against;
- any insurance company or other organisation paying your legal costs; and
- any other person or company officially involved with the claim.

You do not have to give permission for your health records to be released but if you don't, the court may not let you go ahead with your claim and, in some circumstances, your solicitor may refuse to represent you.

If there is very sensitive information in the records, that is not connected to the claim, you should tell your solicitor. They will then consider whether this information needs to be revealed.

## Notes for the solicitor or agent

Before you ask your client to fill in and sign this form you should explain that this will involve his or her full health records being released and how the information in them may be used. You should also tell your client to read the notes above.

If your client is not capable of giving his or her permission in this form, this form should be signed by:

- your client's litigation friend;
- someone who has enduring power of attorney to act for your client; or
- your client's receiver appointed by the Court of Protection.

When you send this form to the appropriate records controller please also enclose the authorised fees for getting access to records.

If you find out at any stage that the medical records contain information that the client does not know about (for example, being diagnosed with a serious illness), you should discuss this with the health professional who provided the records.

Unless your client agrees otherwise, you must use his or her health records only for the purpose for which the client signed this form (that is, making his or her claim). Under the Data Protection Act you have responsibilities relating to sensitive information. The entire health record should not be automatically revealed without the client's permission and you should not keep health records for any longer than you need them. You should return them to the client at the end of the claim if they want them. Otherwise, you are responsible for destroying them.

## Notes for the medical records controller

This form shows your patient's permission for you to give copies of his or her full GP record, and any hospital records relating to this incident, to his or her solicitor or agent. You must give the solicitor or agent copies of these health records unless any of the exemptions set out in The Data Protection (Subject Access Modification) (Health) Order 2000 apply. The main exemptions are that you must not release information that:

- is likely to cause serious physical or mental harm to the patient or another person; or
- relates to someone who would normally need to give their permission (where that person is not a health professional who has cared for the patient).

Your patient's permission for you to release information is valid only if that patient understands the consequences of his or her records being released, and how the information will be used. The solicitor or agent named on this form must explain these issues to the patient. If you have any doubt about whether this has happened, contact the solicitor or agent, or your patient.

If your patient is not capable of giving his or her permission, this form should be signed by:

- a 'litigation friend' acting for your patient;
- someone with 'enduring power of attorney' to act for your patient; or
- a receiver appointed by the Court of Protection.

You may charge the usual fees authorised under the Data Protection Act for providing the records.

The BMA publishes detailed advice for doctors on giving access to health records, including the fees that you may charge. You can view that advice by visiting [www.bma.org.uk/ap.nsf/Content/accesshealthrecords](http://www.bma.org.uk/ap.nsf/Content/accesshealthrecords).

**This form is published by the Law Society and British Medical Association. (2<sup>nd</sup> edition, October 2004)**



The Law Society



