

FREE EVALUATION OF YOUR WRONGFUL DEATH CLAIM

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We will be happy to provide you with a free, no obligation evaluation of your prospective wrongful death claim. Simply provide us with accurate answers to the information requested on the following pages. Our evaluation can only be as accurate as the information you provide us with. Once we receive the requested information, we will make every effort to contact you the very same day.

For the fastest possible response, please fax the following pages to our office or submit via our online form (see below). For your convenience, we have provided a fax cover sheet (attached) so that your information can be quickly directed to our attorneys to minimize the response time. It includes all information needed to transmit your documents.

If you do not wish to fax the information, you can also submit the information via the following methods:

1. Online Submission:

You can now submit your Free Evaluation of your Wrongful Death Claim via the internet. Simply follow the instructions below.

1. Visit: <http://www.wotitzkylaw.com/practice/index.asp?practice=wrongfulDeath>
2. Click on the online submission link.
3. Follow the instructions provided there.

2. Traditional Mail:

All information can easily be submitted via the US Postal Service. Simply print and complete the following pages and mail them to:

ATTENTION: WARREN R. ROSS
c/o: Wotitzky, Wotitzky, Ross & McKinley, Attorneys at Law
223 Taylor Street
Punta Gorda, Florida 33950

To ensure that the documents are received by us promptly, we recommend that you send via registered/certified mail so that your information is not lost in transit.

PLEASE READ THE DISCLAIMERS BELOW

I. Limited Evaluation and Response Time

After we receive the information you have provided, we will evaluate the information and then contact you in the manner you have requested to discuss with you the results of our preliminary evaluation of the merits of your case and whether our firm is willing to represent you. If the information you have sent is not sufficient for us to provide you with full answers to all of your questions, we will contact you to obtain the necessary additional information before we give you our evaluation of your potential claim. We will make every effort to contact you the very same day regarding our evaluation.

II. Attorney's Fees and Costs

Once again, this limited evaluation is free of both charge and obligation to you. If you decide to employ our firm to assist you, we will first review the "Statement of Client's Rights" form with you, which strictly follows the Rules of Professional Conduct for Florida attorneys, written by the Florida Bar. When you hire this firm to assist you with your wrongful death claim, no attorney's fees are paid unless a settlement or jury verdict is secured. This is known as a contingency fee, meaning if no compensation is recovered, then no fees are charged for our legal services. We will also be reimbursed for all the costs we advance on your behalf. Our contingency fee agreements are always reviewed, line by line, with the client before the agreement is signed by both client and attorney.

We accept wrongful death cases on a contingency fee basis because we understand that families can be ruined, both physically and financially, when a loved one is killed in an accident. Oftentimes, a family tragically loses a loved member of the household who was also the family's primary or only means of financial support. A contingency fee arrangement allows you and your family to receive assistance at a time you need it most.

III. Need for Complete Claim Evaluation

The initial evaluation we provide is obviously limited by the information you provide to us. Final advice can only be based upon a complete evaluation of your entire case. This cannot be accomplished with the limited information you have given us above. Often a full evaluation of a claim cannot be given without collecting considerable information, records, and other investigation. Often a decision about a claim can only be made after a personal interview.

IV. Statute of Limitations

Your claim may be barred by the Statutes of Limitations. These statutes provide that if a suit is not brought within a certain amount of time, the claim can never be thereafter brought. Likewise, the information you furnish may be furnished at a time so close to expiration of the statute of limitations that we do not have time to provide any help to you before the time expires. By asking for our help, you agree that we are not liable for failing to file suit on your behalf or failing to take any other action on your behalf.

V. No Obligation

You are not obligated to employ this firm by sending this information. Likewise, we are not obligated to accept you as a client by providing this help to you. We reserve the right to decline to represent you for any reason whatsoever. Once we have provided the limited service mentioned above, we reserve the right to refuse to become involved in further evaluation of your claim or in providing further advice. If we decline to represent you, or to provide additional advice, we will so advise you in writing at the address you have given us.

VI. Additional Services Offered by Our Firm

We are available to provide additional advice and services upon written or telephoned request unless we advise you of our decision not to do so as outlined above. Please review the Practice Areas section of our web page; members our firm can assist you with a multitude of legal issues. In addition, please do not hesitate to write us if more information is needed. We appreciate your interest in our firm.

Section I: Personal Information

Surname: _____ **First Name:** _____ **Middle Initial:** _____

Address: _____ **Apt #:** _____

City: _____ **State:** _____ **Zip Code:** _____

Home Telephone: () _____ **Work Telephone:** () _____

Mobile Phone: () _____ **Pager #:** () _____

Fax #: () _____ **E-mail:** _____ @ _____

How would you like us to respond to you? (please circle one):

US Postal Service **E-Mail** **Telephone** **Other:** _____

What is the best time to contact you? _____

Section II: Deceased & Incident Information

What is the name of the person killed?

Surname: _____ **First Name:** _____ **Middle Initial:** _____

What was their age at death? _____

How are you related to this person? _____

What are the names, ages, and relationships of the deceased's spouse, children, and parents?

1. **Surname:** _____ **First Name:** _____ **Middle Initial:** _____
Age: _____ **Relationship:** _____

2. **Surname:** _____ **First Name:** _____ **Middle Initial:** _____
Age: _____ **Relationship:** _____

3. **Surname:** _____ **First Name:** _____ **Middle Initial:** _____
Age: _____ **Relationship:** _____

4. **Surname:** _____ **First Name:** _____ **Middle Initial:** _____
Age: _____ **Relationship:** _____

5. **Surname:** _____ **First Name:** _____ **Middle Initial:** _____
Age: _____ **Relationship:** _____

If you require more space, please check here ___ and attach a separate page titled: RELATIVES

Was the deceased person supporting or providing any special services to any other people, beside their spouse and minor children, during the year before he/she died? **Y** **N**

If so, please list the name of the person the decedent supporting and their relationship to the decedent:

1. **Surname:** _____ **First Name:** _____ **Middle Initial:** _____
Relationship: _____

2. **Surname:** _____ **First Name:** _____ **Middle Initial:** _____
Relationship: _____

3. **Surname:** _____ **First Name:** _____ **Middle Initial:** _____
Relationship: _____

4. **Surname:** _____ **First Name:** _____ **Middle Initial:** _____
Relationship: _____

If you require more space, please check here ___ and attach a separate page titled: RESPONSIBLE

If the death resulted from an automobile crash, do you know the name of the at-fault drivers insurance carrier? **Y** **N**

If so, what is it? _____

If you know, what is the deceased's automobile insurance carrier? _____

If you know, what amounts of coverage did the deceased have for:

- PIP (Personal Injury Protection): _____
- MED-PAY (Medical Payments): _____
- UM/UIM (Uninsured/Underinsured Motorist): _____

Have you contacted any other lawyer about this potential claim? **Y** **N**

If so, did the lawyer agree to represent you? **Y** **N**

Are you currently represented by a lawyer? **Y** **N**

Are you wanting to hire a new lawyer, or are you seeking a second opinion?

- New Lawyer **Y** **N**
- Second Opinion **Y** **N**

Is there any other lawyer owed a fee in this potential claim? **Y** **N**

If we elect to represent you, do you want to employ us? **Y** **N**

Would you like to arrange a personal interview? **Y** **N**

How did you hear about our firm?
