

**GULF WAR VETERAN OF 1991
PROSPECTIVE CLIENT QUESTIONNAIRE**

PLEASE ANSWER THE QUESTIONS AS COMPLETELY AS POSSIBLE. Not answering any questions, will require additional calls from our office to complete this form. Please use reverse side of each page or attach additional pages to provide additional information if required. Please make reference to the question number when writing on the reverse side of the page.

Today's Date _____/_____/_____

1.) Name _____
(including nicknames, aliases, maiden name)

2.) Current Resident Address _____ Apt # _____
Street Address, Apt. #, PO Box

3.) City _____ State _____ Zip Code _____

4.) Phone Numbers (home) _____ (work) _____ Age _____

5.) Date of Birth _____/_____/_____ Place of Birth _____
City, State, County

6.) Driver's License No. _____ State of Issue _____ Social Security No. _____

7.) Name, Address, Telephone Number and relationship of a person not living with you who will always know how to contact you:

Name of Contact Person: _____

Address: _____

City, State, & Zip Code _____

Telephone Number _____ Relationship _____

8.) Please list each resident address you have lived at in the last 10 years and approximate dates of when you lived there: (Please list exact address including street address, city, state, and county if possible, Starting with your most recent address and working backwards.

Street Address/City/State From _____/_____/_____ To _____/_____/_____

Street Address/City/State From _____/_____/_____ To _____/_____/_____

Street Address/City/State From _____/_____/_____ To _____/_____/_____

9.) Are you a smoker? Yes ___/ No ___/ Quit _____. If quit smoking, give approximate dates when you started smoking and when you quit smoking: _____

10.) Have you registered with the U.S. Government Persian Gulf Registry for Gulf War Illness? Yes ____/ No _____. If you have, was it through the Veteran's Administration or the Department of Defense; and please state what year you registered: _____

11.) If you have registered, please state the location of the hospitals or clinics where you were evaluated for Gulf War Illness; and state the year(s) the evaluation(s) occurred in: _____

12.) Do you have further evaluation scheduled or to be scheduled? Yes ____/ No _____. If so, What and When? _____

13.) Marital Status: Single ____/ Married ____/ Divorced ____/ Widowed _____. If still married, please state full name of spouse including maiden name: _____
Date of Marriage: _____

14.) Number of children _____. If you have children, please provide the following information regarding each of your children. This will include information on ALL children born naturally to you or legally adopted by you. This does NOT include stepchildren or grandchildren. Please include full name, age, and if the mother or father of the child is different from the above listed spouse, please include full name of other parent and current address:

A.) Child's Name _____ Date of Birth ___/___/___ Social Security # _____
Current Address _____ Phone # _____

B.) Child's Name _____ Date of Birth ___/___/___ Social Security # _____
Current Address _____ Phone # _____

C.) Child's Name _____ Date of Birth ___/___/___ Social Security # _____
Current Address _____ Phone # _____

D.) Child's Name _____ Date of Birth ___/___/___ Social Security # _____
Current Address _____ Phone # _____

15.) Do any of your children born after the 1991 Gulf War suffer from any birth defects? Yes ___/ No _____. If so, please describe: _____

16.) Were you ever a member of the armed forces? Yes ___/ No _____. Branch served in: _____
Military Occupation: _____ Highest Rank Attained: _____
Period of Service: _____ Type of Discharge: _____
Date of Discharge _____ Did you serve in the 1991 Gulf War? Yes ___/ No _____.
Dates in Persian Gulf Area: _____

Briefly, what were your duties in the Gulf War? _____

17.) What military unit were you in during the 1991 Gulf War? _____

Location(s) in which you served in the Persian Gulf (to the best of your knowledge):

_____ Dates from ____/____/____/ To ____/____/____

_____ Dates from ____/____/____/ To ____/____/____

_____ Dates from ____/____/____/ To ____/____/____

18.) Describe in detail (including date, time and location to the extent possible) of any and all incidents where you believe that you were subjected to chemical warfare agent exposure during the 1991 Gulf War (especially including any chemical alarm incidents): _____

19.) Were you given any pills during the Gulf War to protect you from chemical warfare agent? Yes ___/ No ___ Did you take them? Yes ___/ No __. If yes, please describe what they looked like, when you took them, how often, how many, and describe if you had any reaction or adverse physical symptoms in the 3 days after taking the pill or pills: _____

20.) During Desert Shield/Desert Storm, did you have any physical reaction to any inoculation within the 72 hours afterwards? Yes ___/ No __. If yes, please describe: _____

21.) Were you inoculated for anthrax? Yes ___/ No __; or for botulin toxin? Yes ___/ No __. If yes, please state when, to the best of your memory, and in what geographical location: _____

22.) Please describe the extent, if any, to which you know that you were exposed during the 1991 Gulf War, to enemy tanks or vehicles that had been hit by U.S. depleted uranium munitions, including duration of exposure and physical proximity (if unknown, simply state so): _____

23.) Please describe the extent, if any, to which you were exposed to smoke from oil field fires in Kuwait during the 1991 Gulf War or afterward, including duration and physical proximity, etc.: _____

24.) Please describe the extent, if any, to which you know that your bivouac during the 1991 Gulf War was sprayed with pesticides, including extent and duration, and any physical reaction that you had to the spraying, if any: _____

25.) Please describe the extent to which you sprayed yourself with DEET insecticide during the 1991 Gulf War: _____

26.) Did you ever put flea collars on yourself during the 1991 Gulf War? Yes ___/ No ___. If yes, please describe how often: _____

27.) Did you adjust back to civilian or post-Persian Gulf War campaign military life without a great amount of physiological stress? Yes ___/ No ___. If you did experience a great deal of psychological stress in the adjustment, Please state the extent and duration of the stress: _____

28.) Have you been rated by the Veteran's Administration with any service-connected disability from your service in the 1991 Gulf War? Yes ___/ No ___. If yes, please state the percentage of disability, the date that it was awarded, and the amount of your monthly disability payments: _____

29.) If you have not been rated by the V.A. for service-connected disability, have you applied for it? Yes ___/ No ___. If yes, when did you apply and what is the status of the application? _____

30.) Have you applied for Social Security disability? Yes ___/ No ___. If yes, please state when and what the disposition of you application has been: _____

31.) **Regarding Lost Income**

From your income tax records or social security earnings statement, please list your earned income for the following years:

1988 _____	1996 _____
1989 _____	1997 _____
1990 _____	1998 _____
1991 _____	1999 _____
1992 _____	2000 _____
1993 _____	2001 _____
1994 _____	2002 _____
1995 _____	

Note: If you have a copy of your social security earnings statement, please include a copy of it with your completed questionnaire. You may obtain a copy from the Social Security Administration by calling 1-800-772-1213.

32.) Regarding your present occupation, if any, please state:

Job title: _____

Nature of your duties: _____

Name of Employer: _____

Address of Employer: _____

Please state when you started this job: _____

Other than the above, please state briefly the nature of your other employment since the 1991 Gulf War; if any: _____

33.) Please list the schools that you have attended, including high school, college, military or vocational schools or correspondence courses. Please state the following information on each:

Name _____ Location _____

Years of attendance _____ Grade Completed/Degree _____

Name _____ Location _____

Years of attendance _____ Grade Completed/Degree _____

Name _____ Location _____

Years of attendance _____ Grade Completed/Degree _____

Name _____ Location _____

Years of attendance _____ Grade Completed/Degree _____

34.) Have you ever been convicted of any crime other than a traffic related offense? Yes ___/No ___. If yes, please give the following information on each conviction: Date, Place, Nature of Crime, Amount of Fine, Imprisonment, Probation or Parole: _____

35.)

MEDICAL HISTORY

Have you ever been diagnosed by a medical doctor as having any of the following illnesses? If so, please state the year or years that this condition was diagnosed:

ILLNESS	YES	NO	YEAR OF DIAGNOSIS
AIDS	_____	_____	_____
ALS (Lou Gehrig's Disease)	_____	_____	_____
Angina (recurring chest pain)	_____	_____	_____

Arthritis	_____	_____	_____
Asthma	_____	_____	_____
Bladder problems	_____	_____	_____
Blood Disease	_____	_____	_____
Bronchitis	_____	_____	_____
Cancer	_____	_____	_____
Colitis	_____	_____	_____
Depression	_____	_____	_____
Diabetes	_____	_____	_____
Emphysema	_____	_____	_____
Gallstones	_____	_____	_____
Gallbladder problems	_____	_____	_____
Gout	_____	_____	_____
Gulf War Illness	_____	_____	_____
High Blood Pressure	_____	_____	_____
Heart Attack	_____	_____	_____
Hepatitis	_____	_____	_____
High triglycerides	_____	_____	_____
Immune disorders	_____	_____	_____
Kidney disease	_____	_____	_____
Leishmaniasis	_____	_____	_____
Nervous disease	_____	_____	_____
Nephritis	_____	_____	_____
Leukemia	_____	_____	_____
Liver disease	_____	_____	_____

Doctor's name _____ Address _____
Tel. _____

Year(s) treated _____ Condition treated for _____

Doctor's name _____ Address _____
Tel. _____

Year(s) treated _____ Condition treated for _____

Doctor's name _____ Address _____
Tel. _____

Year(s) treated _____ Condition treated for _____

Doctor's name _____ Address _____
Tel. _____

Year(s) treated _____ Condition treated for _____

37.) Have you ever been hospitalized? Yes ___/ No ___. If yes, please state where you were in the hospital, what for, and what year was each hospitalization: _____

38.) Have you ever had surgery? Yes ___/ No ___. If yes, what was it for and in what year: _____

39.) Are you currently taking any medications? Yes ___/ No ___. If yes, please state what kinds and what they are for: _____

40.) Listed below are symptoms, some of which are not associated with Gulf War Illness. Please check the appropriate boxes and if you marked yes, please state what year or years that you have had this symptom, and describe the frequency of the symptom.

SYMPTOMS	YES	NO	DESCRIBE pre-Gulf War	DESCRIBE post-Gulf War
Anxiety	_____	_____	_____	_____
Bleeding gums	_____	_____	_____	_____
Blurred vision	_____	_____	_____	_____
Chronic fatigue	_____	_____	_____	_____
Chest pain	_____	_____	_____	_____

Chronic sneezing and runny nose	_____	_____	_____	_____
Constipation	_____	_____	_____	_____
Depression	_____	_____	_____	_____
Diarrhea	_____	_____	_____	_____
Difficulty remembering	_____	_____	_____	_____
Difficulty sleeping	_____	_____	_____	_____
Dizziness	_____	_____	_____	_____
Eye pain	_____	_____	_____	_____
Eye redness	_____	_____	_____	_____
Fainting	_____	_____	_____	_____
Falling	_____	_____	_____	_____
Frequent cough	_____	_____	_____	_____
Fever	_____	_____	_____	_____
Frequent urination	_____	_____	_____	_____
Hair loss	_____	_____	_____	_____
Headache	_____	_____	_____	_____
Hives (skin reaction)	_____	_____	_____	_____
Hot and cold flashes	_____	_____	_____	_____
Joint pain	_____	_____	_____	_____
Joint stiffness	_____	_____	_____	_____
SYMPTOMS	YES	NO	DESCRIBE pre-Gulf War	DESCRIBE post-Gulf War
Loss of balance	_____	_____	_____	_____
Loss of hearing	_____	_____	_____	_____

Memory loss	_____	_____	_____	_____
Moodiness	_____	_____	_____	_____
Muscle pain	_____	_____	_____	_____
Nausea	_____	_____	_____	_____
Nervousness	_____	_____	_____	_____
Night sweats	_____	_____	_____	_____
Numbness in feet or hands	_____	_____	_____	_____
Poor concentration	_____	_____	_____	_____
Sensitive to chemicals	_____	_____	_____	_____
Skin rashes	_____	_____	_____	_____
Semen gives "burning" sensation to wife	_____	_____	_____	_____
Shortness of breath	_____	_____	_____	_____
Stomach pain	_____	_____	_____	_____
Sexual problems	_____	_____	_____	_____
Sore throat	_____	_____	_____	_____
Trouble finding words	_____	_____	_____	_____
Unrefreshing sleep	_____	_____	_____	_____
Vision problems	_____	_____	_____	_____
Vomiting	_____	_____	_____	_____

SYMPTOMS	YES	NO	DESCRIBE pre-Gulf War	DESCRIBE post-Gulf War
Wheezing	_____	_____	_____	_____
Weight loss	_____	_____	_____	_____
Weight gain	_____	_____	_____	_____

41.) Other unlisted physical symptoms that you have experienced since the Persian Gulf War, if any:
Please list: _____

42.) For Females: Have you ever been pregnant? Yes ____ / No ____.

If yes, did you have a miscarriage? Yes ____ / No ____.

How many miscarriages have you had, and in what years: _____

Please describe any difficulties with menstruation you have had since the Persian Gulf War: _____

If never pregnant, have you had any difficulty becoming pregnant? Yes ____ / No ____.

43.) For Males and Females: For all of the symptoms mentioned in this questionnaire, in which the answer is yes, you may describe them in greater detail if you would like to: _____

44.) Have you signed anything with any other law firm concerning illness from the 1991 Gulf War?

Yes ____ / No ____ . If yes, please state their name, address, and telephone number and what kind of legal matter they are currently representing you on: _____

SIGNED: _____

1991 Gulf War Veteran

Date

**1991 GULF WAR VETERAN
ATTORNEY-CLIENT EMPLOYMENT AGREEMENT**

I, _____, hereinafter referred to as Client, have this day voluntarily employed the joint-ventured law firms of PITTS & ASSOCIATES and MALONEY, MARTIN & MITCHELL, L.L.P., Attorneys at Law, Hereinafter referred to as Attorneys, to represent Client in the prosecution of my claim for damages and personal injuries in connection with Gulf War Illness sustained by me in the Gulf War theater of operations between January 17, 1991 and March 14, 1991 against the Defendants presently identified or later added as Defendants in Case No. 94-C-1392 in the District Court of Brazoria County, Texas, and in Case No. CV03-4058 in the United States District Court for the Eastern District of New York.

It is expressly understood and agreed that Attorneys will act to the best of their ability in representing said Client and said Client will, to the best of his/her ability, cooperate with his/her attorneys in the handling of this claim.

If there is no recovery, no attorney's fees or expenses shall be paid by Client. Attorneys are not authorized to compromise or settle claim without the consent of the client.

In consideration of the legal services and legal representation provided by the law firm of PITTS & ASSOCIATES and MALONEY, MARTIN & MITCHELL, L.L.P., Attorneys at Law, in the prosecution of client's claim for damages, Client agrees to pay and assign to PITTS & ASSOCIATES and MALONEY, MARTIN & MITCHELL, L.L.P., Attorneys at Law, thirty-three and one-third percent (33 1/3%) of the full amount of any recovery, compromise settlement or judgment in said claim in the event any collection or settlement is made before suit is filed and forty-percent (40%) in the event any collection or settlement is made after suit is filed. If the case is certified as a class action, attorney's fees will be set by the Court in its discretion.

If there are Court costs and Client expenses, such as filing fee, investigation or any other reasonable costs associated with pursuing the Client's claim, Client agrees that such costs may be paid out the net recovery to the Client after deduction of attorney's fees, if the cost of such has been advanced by the Attorneys. Client understands that the Attorneys are not obligated to advance money. Client authorizes the Attorneys to employ associate counsel or to refer the Client's case to another firm or attorney if PITTS & ASSOCIATES and MALONEY, MARTIN & MITCHELL, L.L.P., Attorneys at Law considers it necessary. It is agreed between Clients and Attorneys that this contract shall be interpreted by Texas law; and any dispute concerning any interpretation or enforcement of it shall be the subject of binding arbitration, brought and heard exclusively in Houston, Harris County, Texas. Client has the sole responsibility for advising Attorneys of all Client's addresses, and telephone number changes and that the Attorneys may withdraw at any time for any reason upon giving reasonable notice by mailing notice of withdrawal to the Client's last known address. Client agrees to promptly notify Attorneys of any change of Client's address or phone number. Client also acknowledges that this contract has been explained to him/her, read by Client and that Client understands and agrees to all of its provisions.

SIGNED this _____ day of _____, 200_____.

CLIENT'S SIGNATURE

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

We hereby accept the above employment as attorneys of record.

PITTS & ASSOCIATES AND
MALONEY, MARTIN & MITCHELL, L.L.P.,
Attorneys at Law

By: _____

PITTS & ASSOCIATES
and
MALONEY, MARTIN & MITCHELL, L.L.P.
Attorneys at Law

AUTHORIZATION FOR MEDICAL INFORMATION

My signature herein authorizes physicians, hospitals and any and all other health care providers to furnish full and complete medical records concerning the undersigned to my attorneys, PITTS & ASSOCIATES and MALONEY, MARTIN & MITCHELL, L.L.P., or to any representative of their offices. These documents are needed in litigation concerning my injuries received during the 1991 Gulf War.

This Authorization also includes examination of all hospital records and x-rays and the furnishings of any and all information, including opinions, which will or might aid the attorneys named above in the prosecution of claims against the entities liable for injuries sustained by me.

Please do not disclose the above named information to any insurance adjuster or any other person without retaining additional written authority from me. A photocopy of this authorization issued by PITTS & ASSOCIATES and MALONEY, MARTIN & MITCHELL, L.L.P., on my behalf, is acceptable as a medical authorization as stated herein.

Thank you for your cooperation.

Dated: _____

Client's Signature: _____

Client's Name: _____

(printed)