

Message from Ryan Krebs, M.D., J.D.

Hello,

Thank you for taking the time to call our offices. I am sorry to learn of the medical problems and the difficulties this situation has placed on your family. As we discussed on the phone, Dr. Krebs will require additional information in order to determine if he can assist you in preparing a possible lawsuit in this matter. I appreciate your willingness to help me in gathering that required information. Our first step together is to prepare answers to the questions below. I would appreciate it if you could please send a quick note to confirm your receipt of this message. Then also please call our offices again once you submit your reply so that we can be sure to look for your message.

Of course please feel free to call me again if you have any questions while reviewing this note. I thank you for your help so far, and I look forward to speaking with you again.

Best regards,

Richard Kelly  
Legal Administrative Assistant  
Ryan Krebs, M.D., J.D.  
805 West 10th Street, Ste. 300  
Austin, TX 78701  
(512) 478-2072/Phone

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## **SURVIVING PARENT OF MINOR CHILD QUESTIONNAIRE**

### **1. Please tell us about your child:**

- a. Name:
- b. Date and place of birth:
- c. Date and place of death:
- d. Cause of death (Per Certificate of Death):
- e. Was an autopsy performed? If so, where?
- f. Address at time of death (City, County, State, Zip)

g. Education:

### **2. Information about yourself:**

- a. Name:
- b. Relationship to Deceased:

c. Home Address (Street, City, State, Zip, County)

d. Residence telephone number:

e. Date and place of birth:

f. Driver's License Number and State:

g. Employer:

h. Job Title:

i. Gross salary per month or annually:

j. Length of employment:

k. Education:

l. Email, Myspace, Facebook etc... address:

**3. Have you or your spouse ever been arrested or convicted of any offense in this or any other state? If so, please give the date of arrest, offense charged, county, offense number, and final disposition.**

### **NEGLIGENCE ISSUES**

**1. Who do you feel was negligent? Include names, addresses, phone numbers, hospital names, clinic names, etc.**

Doctors:

Nurses:

Hospitals:

**2. When did the negligence occur?**

**3. Where did the negligence occur?**

State:           County:

**4. What did the negligent party or parties do wrong and what do you feel they could have or should have done differently?**

**5. Has any health care professional made any criticism of any care given to you or told anyone that the care and/or treatment given was inappropriate and caused the death of this person? If so, please give that person's name, address, phone number, exactly what they said and who they said it to.**

**DAMAGES ISSUES**

**1. Please give an estimate of the total amount of the medical bills incurred.**

**2. Please give an estimate of the total amount of wage income lost as a result of the death.**

**3. Please give an estimate of the total amount of funeral bills incurred as a result of the death.**

**4. Please provide the following information about any health care providers, including hospitals and clinics, (other than those at fault) who cared for your child:**

Provider:

Address and phone:

When was care given:

Reason for care:

Provider:

Address and phone:

When was care given:

Reason for care:

Provider:

Address and phone:

When was care given:

Reason for care:

Provider:

Address and phone:

When was care given:

Reason for care:

**5. Did your child have health insurance?**

If so, who is the insurance company?

**6. Has the health insurance paid the medical bills?**

If so, please provide us with a copy of the insurance policy.

**7. What medical bills are outstanding?**

**8. Did your child have Medicare coverage? Medicare number:**

If so, was it Part A and/or Part B?

**9. Did your child have Medicaid coverage? Medicaid number:**

**10. Has any formal complaint been filed with any hospital, clinic, or state agency regarding the incident complained of? If so, please identify to whom the complaint was made, when it was made, and if any final determination has been issued. If the complaint was in writing, please attach a copy.**

**11. Have any medical records been obtained? "\*\*\*\*\*"If so, what records do you have?**

**12. What are your expectations in this case?**

## **ADDITIONAL INFORMATION**

**1. How were you referred to this office?**

**2. Have you spoken or corresponded with any other attorneys regarding this matter? If so, please identify whom you have consulted with and what their opinion was.**

Note: Under current Texas law, you appear to have two (2) years from the date of occurrence in which to file a lawsuit. However, the Texas Supreme Court periodically changes the law and circumstances affecting the statute of limitations for various types of cases, which may effect when the statute of limitations in your particular case will run. Remember – under Texas law you are forever prevented from filing a lawsuit unless it is done within the deadlines set out above.