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CONFIDENTIAL QUESTIONNAIRE
possible **POLICE** misconduct

Please answer the following questions as **accurately and completely as possible.** Please answer all questions that apply to your situation. Please type or print clearly your answers. If you feel that a question does not apply, simply write N/A. While some questions may overlap or appear duplicative, they are necessary. Please use additional sheets of paper to include any other information you believe we should know about your complaint.

PERSONAL INFORMATION

1. Name_____

2. Male or Female_____

3. Street Address_____

   City, State, Zip Code_____

4. Mailing Address (if different from street address)
   _____

5. Telephone (home)_____(work)_____
   (Cell)_____   E-mail_____

6. Date of Birth_____   S.S. # _____

7. Educational background: High School Diploma _____ College Degree _____ Graduate School _____ Other (please specify) _____

8. Marital status: Single _____   Married (how long) _____
                     Separated (date) _____   Divorced (date) _____

9. If married, name of spouse _____

10. Number of children (if any) _____

11. Age of children _____

12.   How were you referred to us?_____
_____

1

SUBJECT OF THIS COMPLAINT

1. Do you wish to sue police officers, a police department or any other law enforcement officer (for example, corrections officer) for mistreating you?
      _____yes/no_____

    If "yes," has it been more than 90 days since the officers and/or a police department mistreated you?
    _____yes/no_____

    Has it been more than 3 years since the officers and/or a police department mistreated you?
    _____yes/no_____

2. What do you claim law enforcement officers or a police department did to you?

    False arrest ___
    Malicious prosecution ___
    Excessive use of force ___
    Denial of medical treatment ____
    Other (please specify) _____

3. Have you consulted with any other attorneys about this matter?
      _____yes/no_____

4. If "yes," please list the other attorneys whom you have previously consulted about this matter

    _____
    _____
    _____
    _____
    _____

5. Have you previously filed any lawsuits?
      _____yes/no_____

    If "yes," were any of those previous lawsuits police-related?
    _____yes/no_____

6. Do you have a criminal record?
      _____yes/no_____

    If "yes," please state the nature of your criminal record in the space provided.
    _____
    _____
    _____
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7.   Kindly write in the space provided (or attach as many pages as you like) a brief statement explaining claim against the law enforcement officers and the police department which you want to sue.

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8. Do you have any audio tapes, video tapes, diaries, memoranda or other "direct evidence" in your possession which support you claims?

_____yes/no_____

If "yes," please state what those audio tapes and/or videotapes reveal or depict.

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9. Do you have any paperwork prepared by the police or any law enforcement agency which pertains to you (for example, criminal charges, sworn depositions, etc.)? ___Yes/No____. If so, please attach all records to this questionnaire.

10. Have you been charged with any criminal offense or violation in connection with the events for which you want to sue the police or any law enforcement agency? ___Yes/No___. If yes, please indicate the nature of the charges and when they were served on you.

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11. If criminal charges have been commenced against you in connection with the events for which you want to sue the police or any law enforcement agency,

     a. what is the status of these charges?

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_____
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_____

     b. Do you have an attorney representing you in connection with these charges? If so, who is your attorney?

_____
_____
_____

12. Please provide a list of names with telephone numbers, addresses and a brief statement about what you think these individuals may say if called to testify at a trial. (Feel free to attach as many pages as you like).

     Name: _____
     Address:_____
             _____
     Phone:_____

     Statement:

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     Name: _____
     Address:_____
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     Statement:

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Name: _____
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Name: _____
Address:_____
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Phone:_____

Statement:

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13. Do you know of any other individuals who were mistreated by the same people and in the same
   way as you were mistreated?
         ____yes/no_____

14.   If your answer to the question 13 is "yes," kindly provide a list of names of individuals
       who were mistreated by the same people and in the same way as you were mistreated.
       Please indicate which of these individuals, if any, have previously filed lawsuits against
       the police officers and/or police department which you want to sue. (Feel free to attach as
       many pages as you like).
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15. Have you treated with any psychological or psychiatric or other mental health care professionals as a result of your mistreatment by the police?
_____yes/no_____

16. Had you treated with any psychological, psychiatric or other mental health care professionals **before** to your mistreatment by the police?
____yes/no____

_____   _____
FULL NAME   DATE