

Paul W Tracey Solicitors RIRB Questionnaire to assist drafting Client Statement.

Name:

Address:

Current Address

Phone Numbers

Date of Birth:

Place of Birth:

Family details:

Parents Names:

Brothers & Sisters who were institutionalised: Names current addresses and contact Phone numbers

Address at time of removal to Institution:

Early Childhood memories:

Circumstances leading to placement in Institution:

Date of Placement:

Name of Institution/school/orphanage:

First experiences of Institution

Daily timetable/routine

Time of awakening/sleep

Meals/ adequacy of food Names of Teachers, supervisors workers in institutions

Sleeping accommodation

Treatment received

Education

Punishments

Clothing

Living conditions e.g. heat/comfort

Details of Abuse, physical, emotional , sexual;

Contact with Family, visitors:

Holidays

Interaction with other children;

Abuse by other children;

Jobs given whilst in institution

Job placements arranged outside institution if any

Details surrounding departure from institution(s)

Employment since departure

Further education undertaken

Affects of institutionalisation

Affects on Relationships with partners, spouse and/or children

Affects on career

Affects on Health

Medical history since departure from institution;

Medical treatment received as a result of treatment in institution;

Any lasting memories of particular relevance;

Any other relevant matters;

Names addresses and contact phone numbers e-mail addresses of any persons who can verify history or who may be of assistance (state how they may be of assistance)

Signed: _____

LP5980/«Today»/«CaseCode»