



JZ helps
an injury law firm

1450 Madruga Ave.
Suite 200
Coral Gables, Florida 33146

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Resident Relative, Vicarious Liability, etc. Affidavit to Adverse Driver

If you need more space, you can use the back of any page or use an additional sheet(s) of paper.

I, ADVERSE DRIVER, being sworn, certify that the following information is true:

Please provide a copy of the title and registration for MAKE AND MODEL OF MOTOR VEHICLE bearing License Tag number LICENSE TAG NUMBER operated by ADVERSE DRIVER that was involved in a motor vehicle accident with CLIENT NAME on or about DATE OF INCIDENT.

List all former names and when you were known by those names.

You and Your Spouse

1. List, if you are or have ever been married, the name, address, Social Security number and date of birth of all your spouses.

Name(s) _____

Address _____

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Phone number _____

Email address _____

Name(s) _____

Address _____

Phone number _____

Email address _____

Name(s) _____

Address _____

Phone number _____

Email address _____

Please list the date(s) that you have lived with your spouse: _____ through _____.

Were you residing in the same household as your spouse at the time of the automobile collision? (Yes or No) _____.

Military

Were you a member of the military at the time of the automobile collision? (Yes or No) _____.

College

Were you a college student at the time of the automobile collision? (Yes or No) _____.

If yes, please list the following for your parent(s):

Mother Name(s) _____

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Address _____

Phone number _____

Email address _____

Automobile Insurer _____

Father Name(s) _____

Address _____

Phone number _____

Email address _____

Automobile Insurer _____

2. Did you **own** the MAKE AND MODEL OF MOTOR VEHICLE bearing License Tag number: LICENSE TAG NUMBER operated by ADVERSE DRIVER that was involved in a motor vehicle accident with CLIENT NAME on or about _____? (Yes or No) _____
3. Did you **lease** the MAKE AND MODEL OF MOTOR VEHICLE bearing License Tag number: LICENSE TAG NUMBER operated by ADVERSE DRIVER that was involved in a motor vehicle accident with CLIENT NAME on or about _____? (Yes or No) _____
4. List the name(s), address, phone number and email address of every person or entity (business, corporation, etc.) who either owned or leased the MAKE AND MODEL OF MOTOR VEHICLE bearing License Tag number LICENSE TAG NUMBER operated by ADVERSE DRIVER that was involved in a motor vehicle accident with CLIENT NAME on or about DATE OF INCIDENT:

Name(s) _____

Address _____

Phone number _____

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Email address _____

Name(s) _____

Address _____

Phone number and email address _____

Other vehicles that you own.

Please list the year, make, model and vehicle tag of every vehicle (other than the vehicle that was involved in this incident) that you owned on the date of the incident.

Please list the year, make, model and vehicle tag of every vehicle (other than the vehicle that was involved in this incident) that you currently own or lease.

Resident Relatives and/or others

List every individual, related to your by blood or marriage, that you resided in the same household at the time of the collision or **AT ANY TIME** in the one (1) year immediately preceding the collision. The word "Household" includes, but is not limited to, an attached efficiency.

List your relationship with that individual (e.g. spouse, fiancé, boyfriend, girlfriend, father, mother, son, daughter, brother, sister, aunt, uncle, nephew, niece, cousin, stepbrother, stepsister, half brother, half sister, grandchild, grandparent anyone related to you by blood, etc.) and the dates that you resided together.

Example

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Name	Relationship	Dates lived together	Resident Relative's Motor Vehicle Ins. Company	Policy #
<u>John Doe</u>	<u>Brother</u>	<u>5/16/13- 5/19/14</u>	<u>State Farm</u>	<u>014587</u>

Name	Relationship	Dates lived together	Resident Relative's Motor Vehicle Ins. Company	Policy #
_____	_____	_____	_____	_____

Name	Relationship	Dates lived together	Resident Relative's Motor Vehicle Ins. Company	Policy #
_____	_____	_____	_____	_____

Name	Relationship	Dates lived together	Resident Relative's Motor Vehicle Ins. Company	Policy #
_____	_____	_____	_____	_____

Name	Relationship	Dates lived together	Resident Relative's Motor Vehicle Ins. Company	Policy #
_____	_____	_____	_____	_____

Name	Relationship	Dates lived together	Resident Relative's Motor Vehicle Ins. Company	Policy #
_____	_____	_____	_____	_____

Name	Relationship	Dates lived together	Resident Relative's Motor Vehicle Ins. Company	Policy #
_____	_____	_____	_____	_____

Name	Relationship	Dates lived together	Resident Relative's Motor Vehicle Ins. Company	Policy #
_____	_____	_____	_____	_____

PURPOSE OF OPERATING VEHICLE ON DATE OF ACCIDENT

Where were you coming from and where were you going at the time of the accident?:

Vicarious Liability

- Course and Scope of Employment

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Were you doing anything for your employer or required for job at the time of the accident or attempting to do so? (e.g. This includes, but is not limited to, driving to or from a restaurant or store to pick up lunch for your employer, driving to or from the bank to make a deposit for your employer, driving to or coming from making a delivery for your employer, driving to or coming back from a seminar or continuing education course, etc.) If yes, please describe:

Were you in the process of doing a favor or helping someone at the time of the accident? If so, please describe:

Were you volunteering at the time of the accident?

If so, please describe and list the name of the organization that you volunteered with.

OTHER INSURANCE

Did you have homeowner's insurance on the date of the incident?

Did you have umbrella insurance on the date of the incident?

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I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this affidavit.

Dated: _____
Signature of Party

Printed Name: _____
Address: _____
City, State, Zip: _____
Fax Number: _____
E-mail Address(es): _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to or affirmed and signed before me on _____ by _____.

NOTARY PUBLIC

[Print, type, or stamp commissioned name of notary]

_____ Personally known
_____ Produced identification
_____ Type of identification produced _____

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