

# FORMUZIS HUNT & LANNING INC

ECONOMIC CONSULTANTS

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## ECONOMIC DAMAGES CHECKLIST – EMPLOYMENT

### 1. CASE INFORMATION

- a. Official name of case as filed: \_\_\_\_\_  
\_\_\_\_\_
- b. Person for whom loss is to be calculated: \_\_\_\_\_

### 2. ATTORNEY INFORMATION

- a. Attorney's name: \_\_\_\_\_
- b. Firm name: \_\_\_\_\_
- c. Address: \_\_\_\_\_  
\_\_\_\_\_
- d. Attorney's email address: \_\_\_\_\_
- e. Attorney's phone number: \_\_\_\_\_
- f. Attorney's fax number: \_\_\_\_\_
- g. Attorney's assistant for this case: \_\_\_\_\_

### 3. TYPE OF CASE (*Check One*)

- |                                                               |                                    |
|---------------------------------------------------------------|------------------------------------|
| <input type="checkbox"/> Wrongful Termination – State Court   | <input type="checkbox"/> FELA      |
| <input type="checkbox"/> Wrongful Termination – Federal Court | <input type="checkbox"/> LHWCA     |
| <input type="checkbox"/> Discrimination                       | <input type="checkbox"/> Jones Act |
| <input type="checkbox"/> Other: _____                         |                                    |

### 4. RELEVANT DATES

- a. Date analysis needed: \_\_\_\_\_
- b. Trial date: \_\_\_\_\_
- c. Mediation date: \_\_\_\_\_
- d. Rule 26 date: \_\_\_\_\_

5. PLAINTIFF INFORMATION

a. Phone number: \_\_\_\_\_ c. Date loss begins: \_\_\_\_\_

b. Date of birth: \_\_\_\_\_ d. Gender:  Male  Female

e. Education (**Please check the highest level of education completed by the Plaintiff.**)

- No Education – 9<sup>th</sup> Grade
- 10<sup>th</sup> – 12<sup>th</sup> Grade, No Diploma
- GED
- High School Graduate
- Some College, no Degree
- Associate Degree
- Bachelor's Degree
- Master's Degree
- Professional / Doctorate Degree

# of college units completed: \_\_\_\_\_

List any advanced degrees received: \_\_\_\_\_

Other education: \_\_\_\_\_

f. Plaintiff's marital status:  Single  Married

Spouse's name: \_\_\_\_\_

Spouse's date of birth: \_\_\_\_\_

Spouse's gender:  Male  Female

g. Plaintiff's dependent children:

<u>Name</u>	<u>Date of Birth</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. PRE-INCIDENT EMPLOYMENT INFORMATION

a. Name of employer at date of incident: \_\_\_\_\_

b. Address: \_\_\_\_\_

c. Date of hire: \_\_\_\_\_ Date last worked: \_\_\_\_\_ Date of termination: \_\_\_\_\_

d. Job title at date of incident: \_\_\_\_\_

e. Rate of pay at time of incident: \_\_\_\_\_

*(per year, per month, per hour)*

f. Were there future promotions available to the Plaintiff?  Yes  No  
*(Indicate job title, expected date of promotion and pay increase.)*

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7. UNION MEMBERSHIP (If applicable)

a. Union member?  Yes  No

*(If yes, please supply union contracts between date of hire and present.)*

b. Name of union and local number: \_\_\_\_\_

c. Location (city, state): \_\_\_\_\_

8. PRE-INCIDENT EARNINGS INFORMATION

a. Plaintiff's annual earnings for five years prior to loss:

*(Provide documents, preferably paystubs, otherwise W-2's, Social Security doc., etc.)*

Year	Earnings	Employer	Job Title <i>(Indicate if promotion)</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

b. Do the earnings in the year of incident include any post-incident compensation?

Yes  No If yes, how much? \_\_\_\_\_

c. Did the Plaintiff return to work with the pre-incident employer?  Yes  No

If yes, list dates returned? \_\_\_\_\_

9. PRE-INCIDENT BENEFITS INFORMATION

a. Overtime pay?  Yes  No *(Please provide supporting records.)*

b. Bonus payments?  Yes  No *(Please provide supporting records.)*

c. Paid vacation?  Yes  No Number of weeks per year? \_\_\_\_\_

d. Automobile?  Yes  No Value or allowance amount? \_\_\_\_\_

e. Medical benefit?  Yes  No Employer's contribution \_\_\_\_\_

Plaintiff's contribution \_\_\_\_\_

Type of coverage:  Family  Employee + 1  Employee Only

Has medical benefit been discontinued?  Yes  No When? \_\_\_\_\_  
*(Please supply COBRA letter.)*

f. Savings benefit?  Yes  No  
*(401-K, 403-B, 457)*

Employer's contribution \_\_\_\_\_

Plaintiff's contribution \_\_\_\_\_

g. Retirement plan?  Yes  No

*(Provide Summary Plan Description and Service Statement.)*

Employer's contribution \_\_\_\_\_

Plaintiff's contribution \_\_\_\_\_

Did Plaintiff receive a lump sum distribution from the plan?  Yes  No

If yes, when? \_\_\_\_\_ How much? \_\_\_\_\_

Currently receiving any income from the retirement plan?  Yes  No

Amount per month and date when payments commenced: \_\_\_\_\_

Will the plaintiff receive a retirement income in the future?  Yes  No

If yes, when? \_\_\_\_\_ How much? \_\_\_\_\_

h. Profit Sharing Plan?  Yes  No Employer's Contribution \_\_\_\_\_

i. Stock Options?  Yes  No Employer's Contribution \_\_\_\_\_

j. Restricted Stock Units?  Yes  No Employer's Contribution \_\_\_\_\_

k. Other Benefit?  Yes  No Describe: \_\_\_\_\_

Employer's Contribution \_\_\_\_\_

## 10. VOCATIONAL

a. Will there be a vocational evaluation in this case?  Yes  No  
*(Please provide a copy of the evaluation.)*

Name of Vocational Rehabilitation Consultant: \_\_\_\_\_

Phone number: \_\_\_\_\_

11. MITIGATION EARNINGS (If applicable)

a. Provide the following information for all employment since the date of loss:  
**(Provide documents, preferably paystubs, otherwise W-2's, Social Security doc., etc.)**

Year	Earnings	Employer	Job Title <i>(Indicate if promotion)</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. MITIGATION EMPLOYMENT INFORMATION (If applicable)

a. Name of employer: \_\_\_\_\_

b. Address: \_\_\_\_\_  
\_\_\_\_\_

c. Phone number: \_\_\_\_\_

d. May we contact the employer?  Yes  No

e. Name the person to contact at employer: \_\_\_\_\_

f. Date of hire: \_\_\_\_\_

g. Job title: \_\_\_\_\_

h. Rate of pay: \_\_\_\_\_  
*(per year, per month, per hour)*

i. Union member?  Yes  No  
***(If yes, please supply union contracts between date of hire and present.)***

j. Name of union and local number: \_\_\_\_\_

k. Location (city, state): \_\_\_\_\_

l. Are there future promotions available to the Plaintiff?  Yes  No  
***(Indicate job title, expected date of promotion and pay increase.)***

\_\_\_\_\_

13. MITIGATION EMPLOYER BENEFITS INFORMATION (If applicable)

- a. Overtime pay?  Yes  No **(Please provide supporting records.)**
- b. Bonus payments?  Yes  No **(Please provide supporting records.)**
- c. Paid vacation?  Yes  No Number of weeks per year? \_\_\_\_\_
- d. Automobile?  Yes  No Value or allowance amount? \_\_\_\_\_
- e. Medical benefit?  Yes  No Effective date \_\_\_\_\_

Employer's contribution \_\_\_\_\_

Plaintiff's contribution \_\_\_\_\_

Type of coverage:  Family  Employee + 1  Employee Only

- f. Savings benefit?  Yes  No  
**(401-K, 403-B, 457)**

Employer's contribution \_\_\_\_\_

Plaintiff's contribution \_\_\_\_\_

- g. Retirement plan?  Yes  No  
**(Provide Summary Plan Description and Service Statement.)**

Employer's contribution \_\_\_\_\_

Plaintiff's contribution \_\_\_\_\_

- h. Profit Sharing Plan?  Yes  No Employer's Contribution \_\_\_\_\_

- i. Stock Options?  Yes  No Employer's Contribution \_\_\_\_\_

- j. Restricted Stock Units?  Yes  No Employer's Contribution \_\_\_\_\_

- k. Other Benefit?  Yes  No Describe: \_\_\_\_\_

Employer's Contribution \_\_\_\_\_