

# FORMUZIS HUNT & LANNING INC

ECONOMIC CONSULTANTS

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## ECONOMIC DAMAGES CHECKLIST – PERSONAL INJURY

### 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.*)

Personal Injury – State Court

FELA

Medical Malpractice – State Court

LHWCA

Personal Injury – Federal court

Jones Act

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

### 4. RELEVANT DATES

a. Date analysis needed: \_\_\_\_\_

c. Mediation Date: \_\_\_\_\_

b. Trial Date: \_\_\_\_\_

d. Rule 26 Date: \_\_\_\_\_

5. PLAINTIFF INFORMATION

- a. Phone Number: \_\_\_\_\_
- b. Date of Birth: \_\_\_\_\_
- c. Date of Injury: \_\_\_\_\_
- d. Gender:  Male  Female

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

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

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

List any Advanced Degrees received: \_\_\_\_\_

Other Education: \_\_\_\_\_  
\_\_\_\_\_

- f. Plaintiff's marital status:  Single  Married
- g. Spouse's name: \_\_\_\_\_
- h. Spouse's Date of Birth: \_\_\_\_\_
- i. Spouse's Gender:  Male  Female
- j. Plaintiff's dependent children:

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

6. PRE-INJURY EMPLOYMENT INFORMATION

- a. Name of employer at date of injury: \_\_\_\_\_
- b. Address: \_\_\_\_\_  
\_\_\_\_\_
- c. Phone Number: \_\_\_\_\_
- d. May we contact the employer?  Yes  No  
Name of the person to contact at employer: \_\_\_\_\_
- e. Date of hire: \_\_\_\_\_ Date last worked: \_\_\_\_\_ Date of termination: \_\_\_\_\_

- f. Job title at date of injury: \_\_\_\_\_
- g. Rate of pay at time of injury: \_\_\_\_\_  
*(per year, per month, per hour)*
- h. Were there future promotions available to the plaintiff?  Yes  No  
*(Indicate job title, expected date of promotion and pay increase.)*
- \_\_\_\_\_

7. UNION MEMBERSHIP (If applicable.)

- a. Union member?  Yes  No  
*(If yes, supply union contracts between date of hire and present.)*
- b. Name of union and local number: \_\_\_\_\_
- c. Location (City, State): \_\_\_\_\_

8. PRE-INJURY 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<br><i>(Indicate if promotion.)</i> |
|-------|----------|----------|--|
| _____ | _____    | _____    | _____  |
| _____ | _____    | _____    | _____  |
| _____ | _____    | _____    | _____  |
| _____ | _____    | _____    | _____  |
| _____ | _____    | _____    | _____  |

- b. Do the earnings in the year of injury include any post-injury compensation?  
 Yes  No  
 If yes, how much? \_\_\_\_\_
- c. Did the Plaintiff return to work with the pre-injury employer?  Yes  No  
 If yes, list dates returned? \_\_\_\_\_

9. PRE-INJURY 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 How many 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 Employer's Contribution \_\_\_\_\_  
**(401-K, 403-B, 457)** Plaintiff's Contribution \_\_\_\_\_

Did plaintiff receive a lump sum distribution from the plan?  Yes  No  
If yes, when? \_\_\_\_\_ How much? \_\_\_\_\_

- g. Retirement Plan?  Yes  No Employer's Contribution \_\_\_\_\_  
Plaintiff's Contribution \_\_\_\_\_

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

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 & FUTURE CARE

- 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: \_\_\_\_\_

- b. Will there be a life care plan or care cost report in this case?  Yes  No  
*(Please provide a copy of the evaluation.)*

Name of Life Care Planner: \_\_\_\_\_

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

#### 11. POST-INJURY EMPLOYMENT INFORMATION

- a. Is the plaintiff totally disabled from future employment?  Yes  No

*If no, what assumption should be made regarding future employment?*

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- b. If the plaintiff has returned to work, provide the following information for all employment since the date of injury:  
*(Please provide supporting documents. Preferably year-end pay records or W-2's, etc.)*

| Year  | Earnings | Employer | Job Title<br><i>(Indicate if promotion.)</i> |
|-------|----------|----------|--|
| _____ | _____    | _____    | _____  |
| _____ | _____    | _____    | _____  |
| _____ | _____    | _____    | _____  |
| _____ | _____    | _____    | _____  |

#### 12. CURRENT EMPLOYMENT INFORMATION (If applicable.)

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

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

c. Phone Number: \_\_\_\_\_

d. May we contact the employer?  Yes  No

Name of the person to contact at employer: \_\_\_\_\_

e. Date of hire: \_\_\_\_\_

- f. Job title: \_\_\_\_\_
- g. Rate of pay: \_\_\_\_\_ **(per year, per month, per hour)**
- h. Union member?  Yes  No  
**(If yes, please supply union contracts between date of hire & present.)**
- i. Name of union and local number: \_\_\_\_\_
- j. Location (City, State): \_\_\_\_\_
- k. Are there future promotions available to the plaintiff?  Yes  No  
**(Indicate job title, expected date of promotion and pay increase.)**
- \_\_\_\_\_

**13. CURRENT EMPLOYER 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 How many 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
- f. Savings Benefit?  Yes  No Employer's Contribution \_\_\_\_\_  
**(401-K, 403-B, 457)** Plaintiff's Contribution \_\_\_\_\_
- g. Retirement Plan?  Yes  No Employer's Contribution \_\_\_\_\_  
 Plaintiff's Contribution \_\_\_\_\_  
**(Provide Summary Plan Description and Service Statement.)**
- 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 \_\_\_\_\_