

FORMUZIS HUNT & LANNING INC

ECONOMIC CONSULTANTS

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ECONOMIC DAMAGES CHECKLIST - PERSONAL INJURY - MINOR

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
- Medical Malpractice – State Court
- Personal Injury – Federal court
- Other: _____

4. RELEVANT DATES

- a. Date analysis needed: _____
- b. Trial Date: _____
- c. Mediation 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 Degree

of college units completed: _____

List any Advanced Degrees received: _____

Other Education: _____

- f. Plaintiff's marital status: Single Married
- g. Spouse's Date of Birth: _____
- h. Spouse's name: _____
- 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 injury:
(Provide documents, preferably paystubs, otherwise W-2's, Soc. Security doc., etc.)

Year	Earnings	Employer	Job Title <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?

- b. If the plaintiff has returned to work, provide the following information for all employment since the date of injury:
(Provide documents, preferably paystubs, otherwise W-2's, Soc. Security doc., etc.)

Year	Earnings	Employer	Job Title <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

(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

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 _____

- 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 _____