

FORMUZIS HUNT & LANNING INC

ECONOMIC CONSULTANTS

E-MAIL: caseadmin@FHLeconomics.com

ECONOMIC DAMAGES CHECKLIST - RAILROAD CASE

1. Official name of case as filed: _____

Person for whom loss is to be calculated: _____

2. Attorney's name: _____

Firm name: _____

Address: _____

Attorney's email address: _____

Attorney's phone number: _____

Attorney's fax number: _____

3. Attorney's assistant for this case: _____

4. Type of case (Check One)

Personal Injury – State Court

FELA

Medical Malpractice – State Court

LHWCA

Personal Injury – Federal court

Jones Act

Other: _____

5. Date analysis needed: _____

6. Date of Trial: _____

7. Please provide the following information about the plaintiff:

a. Phone Number: _____

b. Date of Birth: _____

c. Date of Injury: _____

d. Sex: Male Female

8. Plaintiff's marital status: Single Married

Spouse's name: _____

Spouse's date of birth: _____

9. Please attach plaintiff's earning history with Railroad.

10. Do the earnings in the year of injury include any post-injury compensation? Yes No
If yes, how much? _____

11. Employment at date of injury:

a. Name of employer at date of injury: _____

b. May we contact the employer? Yes No

c. Date of hire: _____

d. Date last worked: _____

e. Date of termination: _____

f. Job title at date of injury: _____

g. Rate of pay at time of injury: _____
(per year, per month, per week or per hour)

12. Please attach the Seniority Roster Earnings for the Plaintiff's Cohorts.

13. Was plaintiff a union member? Yes No
(If yes, supply union contracts between date of injury and present.)

Name of union and local number: _____

Telephone number: _____

Location (City, State): _____

14. Has the Plaintiff lost their Health and Welfare Benefits? Yes No

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

16. If the plaintiff is not totally disabled, what assumption should be made regarding future employment? _____

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

Name of person preparing report: _____

Phone number of person preparing report: _____

18. 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 person preparing report: _____

Phone number of person preparing report: _____

19. If the plaintiff has returned to work, provide the following information for all employment after the date of injury: *(Please provide supporting documents.)*

<u>Year</u>	<u>Earnings</u>	<u>Employer</u>	<u>Job Title</u> (indicate if promotion)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

20. If plaintiff is currently employed, please provide the following:

a. Name of current employer: _____

Address: _____

Phone Number: _____

b. May we contact the employer? Yes No

c. Name the person to contact at employer: _____

d. Date of hire: _____

e. Job Title: _____

f. Rate of pay: _____
(per year, per month, per week or per hour)

g. Is the plaintiff a union member? Yes No
(Supply union contracts between date of injury and present.)

Name of union and local number: _____

Telephone number: _____

Location (City, State): _____

h. Are there future promotions available to the plaintiff? Yes No

Indicate job title, expected date of promotion and pay increase _____

i. Has the plaintiff received overtime pay? Yes No
(Please supply supporting records)

j. Has the plaintiff received bonus payments? Yes No
(Please supply supporting records)

Indicate amounts for each calendar year: _____

k. Does the plaintiff receive paid vacation? Yes No

How many weeks per year? _____

l. Does the employer provide plaintiff with an automobile? _____

m. Does the plaintiff have medical coverage provided by the employer? Yes No

If yes, please provide information on the type of coverage and the cost.

n. Is the plaintiff covered by a retirement plan? Yes No

(Provide booklet or documents regarding the employer contribution to the plan.)

Does the plaintiff contribute to the plan? Yes No

If yes, what percentage or how much?

o. If the employer provides any of the following benefits in addition to the retirement plan, please indicate the employer contribution to the plan. *(Please provide supporting documents.)*

<u>Plan</u>	<u>Employer Contribution</u>
Profit Sharing Plan	_____
Savings Plan (401k, 403b, etc.)	_____
Stock Options	_____
Restricted Stock Units (RSUs)	_____