

FORMUZIS HUNT & LANNING INC

ECONOMIC CONSULTANTS

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ECONOMIC DAMAGES CHECKLIST – WRONGFUL DEATH

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 Death – State Court | <input type="checkbox"/> FELA |
| <input type="checkbox"/> Medical Malpractice – State Court | <input type="checkbox"/> LHWCA |
| <input type="checkbox"/> Wrongful Death – Federal court | <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. DECEDENT INFORMATION

a. Date of Birth: _____

c. Gender: Male Female

b. Date of Death: _____

d. City & State of Residence: _____

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

No Education - 9th Grade

Associate Degree

10th - 12th Grade, No Diploma

Bachelor's Degree

GED

Master's Degree

High School Graduate/GED

Professional / Doctorate Degree

Some College, no degree

of college units completed: _____

List any Advance Degrees received: _____

Other Education: _____

f. Decedent's marital status: Single Married

Spouse's Date of Birth: _____

Spouse's name: _____

Spouse's Gender: Male Female

Phone Number: _____

g. Decedent's dependent children:

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

h. Was the decedent supporting person(s) other than their own children and spouse?

Yes (***If yes, Please provide names, relationship, date of birth and amount of support.***)

No

6. DECEDENT'S EMPLOYMENT INFORMATION

- a. Name of employer at date of death: _____
- 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: _____
- f. Job title at date of death: _____
- g. Rate of pay at time of death: _____
(per year, per month, per hour)
- h. Were there future promotions available to the decedent? 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. DECEDENT'S EARNINGS INFORMATION

- a. Decedent's annual earnings for five years prior to death:
(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 death include any post-death compensation?
 Yes No If yes, how much? _____

9. DECEDENT'S 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 _____
Decedent's Contribution _____

Type of coverage: Family Employee +1 Employee Only

Has Medical Benefit for dependents been discontinued? Yes No

(Please supply COBRA letter.) When? _____

- f. Savings Benefit? Yes No Employer's Contribution _____
(401-K, 403-B, 457) Decedent's Contribution _____

Did Decedent's Spouse receive a lump sum distribution from the plan?

Yes No

If yes, when? _____ How much? _____

- g. Retirement Plan? Yes No Employer's Contribution _____
(Provide Summary Plan Description.) Decedent's Contribution _____

Did Decedent's Spouse 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. Home Services

Please estimate the time spent by the decedent in the following five general tasks that benefited the family. Please exclude any time the decedent spent on their own personal care and services. Provide any further comments that would be useful in explaining the home services provided by the decedent.

| | Hours per week |
|--|----------------|
| a. Inside Housework (<i>regular house care, laundry, cleaning, repairs and projects, yard care, etc.</i>) | _____ |
| b. Food Cooking & Clean-up | _____ |
| c. Pets, Home & Vehicles | _____ |
| d. Household Management (<i>financial management, record keeping, household budgeting, banking, home security, etc.</i>) | _____ |
| e. Shopping | _____ |
| f. Obtaining Services (<i>veterinary services, home maintenance and repair services, etc.</i>) | _____ |
| g. Travel for Household Activity | _____ |
| h. Household Children (<i>helping children with educational and social activities, chauffeuring, bathing, feeding, medical care, etc.</i>) | _____ |
| i. Household Adults (<i>bathing, feeding, dressing, chauffeuring, etc.</i>) | _____ |
| j. Travel for Household Members (<i>related to caring and helping of adults and children, childcare services, etc.</i>) | _____ |
| k. Other | _____ |