employstats

Do not leave any answers blank. Enter N/A for questions that are not applicable.

Personal Injury Checklist
(Wage Earner)

Attorney Information

Hiring attorney name	
Firm name	
Phone number	
Fax number	
Address	
City/State/Zip	
Email address	
Legal assistant	

Case Information

Project name (client's last name or company name)				
Case name				Case Not Filed
Court and location				Case Not Filed
Docket number				Case Not Filed
Party representing	Plaintiff		Defendant	
Opposing attorney				
Due date of report	Month	Day	Year	
Anticipated deposition date	Month	Day	Year	Unknown
Anticipated trial date	Month	Day	Year	Unknown
Is there an opposing economic expert report?	Yes	No	There Will Be	Unknown
Is there a vocational report?	Yes	No	There Will Be	Unknown

employstats

Do not leave any answers blank. Enter N/A for questions that are not applicable.

Subject Information

Subject's name				
Date of birth	Month	Day	Year	
Gender	Male		Female	
Race	Caucasian	African-American	Hispanic	Asian
	Native-American	Other:		
Number of years of schooling	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20			
Highest degree or certificate of education attained	None	GED	High School	Associate's
	Bachelor's	Master's	Professional	Ph.D.
City and state of residence when born				
Current city and state of residence				
Citizenship	U.S.	Other:		

Is there any other information regarding the Subject which would be important for our analysis? For example, does the Subject have a disability? Has there been an impairment rating from a vocational report? Did the Subject have multiple certificates and degrees?

employstats

Do not leave any answers blank. Enter N/A for questions that are not applicable.

Subject's Family Information

Marital status	Not married	Married	Separated	Divorced	Divorced and remarried
If married, **Spouse's name**					
If married, **Spouse's DOB**	Month	Day		Year	
If married, **Does the spouse work full time?**	Yes		No		

	#	Name	DOB		
Children	**1**		Month	Day	Year
	2		Month	Day	Year
	3		Month	Day	Year
	4		Month	Day	Year
	5		Month	Day	Year
	6		Month	Day	Year
	7		Month	Day	Year

Is there any other information regarding the Subject's family which would be important for our analysis? For example, do the spouse and children live in Mexico? Are there any special circumstances surrounding the living arrangements of the family? Does one of the children have a disability?

employstats

Do not leave any answers blank. Enter N/A for questions that are not applicable.

Injury Information

Date the economic damages began	Month	Day	Year
Describe how the injury occurred and what happened			
Create a timeline detailing the important dates and key things that have happened or are expected to happen			

Do not leave any answers blank. Enter N/A for questions that are not applicable.

Injury Result Information

Describe the earnings before the injury and the damage to the earnings after the injury.		
Earnings type	**Before the injury**	**After the injury**
Wages		
Fringe benefits (for example: insurance, car allowance, etc.)		
Defined contribution retirement plans (for example: 401k plans)		
Defined benefit retirement plans (for example: pension plans)		

employstats

Do not leave any answers blank. Enter N/A for questions that are not applicable.

Injury Result Information (cont.)

Have there been any payments from the company due to the injury? (i.e. worker's compensation, paying for excess vacation or sick days, severance, etc.)	Yes	No	Unknown
If yes, what payments have been made?			

Current medical condition?	Able to work			Not able to work	
If not able to work, when will the Subject be able to work?	Month	Day	Year	Never	Unknown
Once able to work, are there any limitations to the jobs that the Subject can perform? (list the limitations)					
If there is a limitation to the jobs that the Subject can perform, how long will these limitations continue?	Month	Day	Year	Indefinitely	Unknown

Is there a life care plan?	Y	N	There Will Be	Unknown

Note that the life care plan must include the items which will be valued, the start and stop dates in which those items will be used, the frequency of use, and the cost of the item. For example, "The injured will need shots of antibiotics every month from 1998 through life expectancy. The cost of these shots is $15 each."

Is there any other information regarding the Injury Results which would be important for our analysis? For example, did the plaintiff lose stock options?

Do not leave any answers blank. Enter N/A for questions that are not applicable.

Job at the time of the injury

Company name				
Hire date	Month	Day	Year	
Wage / salary at hire		Hourly	Weekly	Annually
Job title at hire				
Typical job duties at hire				
Termination date	Month	Day	Year	
Wage / salary at termination		Hourly	Weekly	Annually
Job title at termination				
Typical job duties at termination				
Union job?	Yes	No		
Hours worked per week				
Average tips per hour				
Health benefits	Yes	No	Unknown	
Dental benefits	Yes	No	Unknown	
Vision benefits	Yes	No	Unknown	
Life benefits	Yes	No	Unknown	
Defined contribution plans (401k plans)	Yes	No	Unknown	
Defined benefit plans (pension plans)	Yes	No	Unknown	
Employee stock options	Yes	No	Unknown	
Employee stock purchase	Yes	No	Unknown	

employstats

Do not leave any answers blank. Enter N/A for questions that are not applicable.

Current Job

Is the current job the same job as the one held at the time of the injury?	Yes	No

Company name				
Hire date	Month	Day	Year	
Wage / salary at hire		Hourly	Weekly	Annually
Job title at hire				
Typical job duties at hire				
Current wage / salary		Hourly	Weekly	Annually
Current job title				
Current typical job duties				
Union job?	Yes	No		
Hours worked per week				
Average tips per hour				

Health benefits	Yes	No	Unknown
Dental benefits	Yes	No	Unknown
Vision benefits	Yes	No	Unknown
Life benefits	Yes	No	Unknown
Defined contribution plans (401k plans)	Yes	No	Unknown
Defined benefit plans (pension plans)	Yes	No	Unknown
Employee stock options	Yes	No	Unknown
Employee stock purchase	Yes	No	Unknown

Do not leave any answers blank. Enter N/A for questions that are not applicable.

Job History

Please fill in as much information as you can for each job held in the time period that embraces at least 2 years prior to the injury to the present.

#	Company Name	Hire Date	Termination Date	Salary	Job title
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Do not leave any answers blank. Enter N/A for questions that are not applicable.

Household services survey

For the before-injury household services, circle yes or no and enter an estimate of the hours per week spent on each activity.

For the after-injury household services, enter the percentage of household services ABLE to perform after the injury.

Household Production	Before the injury			After the injury
Inside Housework (Interior cleaning, laundry, sewing, storing items, carrying in groceries, etc.)	Yes	No	____h/w	____%
Food Cooking & Cleanup (Food and drink preparation, food presentation, kitchen and food clean-up, etc.)	Yes	No	____h/w	____%
Pets, Home & Vehicles (Interior arrangement, decoration, and maintenance, building and repairing furniture, exterior cleaning and repair, lawn, garden, ponds, pools, pet care, vehicle repair, etc.)	Yes	No	____h/w	____%
Household Management (Financial management, household and personal organization and planning, home security, etc.)	Yes	No	____h/w	____%
Shopping (Grocery shopping, purchasing gas, food, and other items, comparison shopping, etc.)	Yes	No	____h/w	____%
Obtaining Services (Using pet services, professional/personal services, interior cleaning services, clothing repair and cleaning services, home maintenance services, etc.)	Yes	No	____h/w	____%
Travel for Household Activity (Travel related to household production)	Yes	No	____h/w	____%

Caring and Helping	Before the injury			After the injury
Household Children (Physical care, reading, playing, arts and crafts, sports, homework, meetings, providing medical care, etc.)	Yes	No	____h/w	____%
Household Adults (Physical care, looking after, providing medical care, etc.)	Yes	No	____h/w	____%

employstats

Do not leave any answers blank. Enter N/A for questions that are not applicable.

Non-Household Members (Physical care, reading, sports, homework, providing medical care, housework, house & lawn maintenance, vehicle & appliance maintenance, household management, etc.)	Yes	No	____h/w	____%
Travel for Household Members (Travel related to caring for and helping household members)	Yes	No	____h/w	____%
Travel for Non-Household Members (Travel related to caring for and helping non-household members)	Yes	No	____h/w	____%

Is there an anticipated date at which the Subject will be able to perform 100% of their household services?	Month Day Year	Never	Unknown

Is there any other information regarding Household Services which would be important for our analysis?

employstats

Do not leave any answers blank. Enter N/A for questions that are not applicable.

Damage Calculation Information

Do Federal taxes need to be incorporated into the analysis?	Yes	No
Do State taxes need to be incorporated into the analysis?	Yes	No

Legal Parameters Describe any legal parameters that might affect this economic analysis For example, how is collateral source income to be treated in this case?	

Is there any other information that we should consider regarding the analysis?