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CLEAN FORM

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

Personal Injury Checklist
(Business Owner)

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 (MM)	Day (DD)	Year (YYYY)	
Anticipated deposition date	Month (MM)	Day (DD)	Year (YYYY)	☐ Unknown
Anticipated trial date	Month (MM)	Day (DD)	Year (YYYY)	☐ 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

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

Subject Information

Subject's name			
Date of birth	Month (MM)	Day (DD)	Year (YYYY)
Gender	☐ Female	☐ Male	
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	☐ None
	☐ Bachelor's	☐ Master's	☐ Professional	☐ Bachelor's
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?

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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 (MM)	Day (DD)	Year (YYYY)		
If married, **Does the spouse work full time?**	☐ Yes	☐ No			

	#	Name	DOB		
Children	**1**		Month (MM)	Day (DD)	Year (YYYY)
	2		Month (MM)	Day (DD)	Year (YYYY)
	3		Month (MM)	Day (DD)	Year (YYYY)
	4		Month (MM)	Day (DD)	Year (YYYY)
	5		Month (MM)	Day (DD)	Year (YYYY)
	6		Month (MM)	Day (DD)	Year (YYYY)
	7		Month (MM)	Day (DD)	Year (YYYY)

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?

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

Injury Information

Date the economic damages began	Month (MM)	Day (DD)	Year (YYYY)
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			

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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)		

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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 (MM)	Day (DD)	Year (YYYY)	☐ 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 (MM)	Day (DD)	Year (YYYY)	☐ Indefinitely	☐ Unknown

Is there a life care plan?	☐ Yes	☐ No	☐ 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 2027 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?

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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 (MM)	Day (DD)	Year (YYYY)	
Wage / salary at hire		☐ Hourly	☐ Weekly	☐ Annually
Job title at hire				
Typical job duties at hire				
Termination date	Month (MM)	Day (DD)	Year (YYYY)	
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	

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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 (MM)	Day (DD)	Year (YYYY)	
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	

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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 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					

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

Business Information

Enter the business the Subject is an owner of. Also, circle how the business is organized.			
#	**Business Name**	**Business Organization**	
1		☐ Sole proprietorship	☐ Partnership
		☐ C Corporation	☐ S Corporation
2		☐ Sole proprietorship	☐ Partnership
		☐ C Corporation	☐ S Corporation
3		☐ Sole proprietorship	☐ Partnership
		☐ C Corporation	☐ S Corporation
4		☐ Sole proprietorship	☐ Partnership
		☐ C Corporation	☐ S Corporation
5		☐ Sole proprietorship	☐ Partnership
		☐ C Corporation	☐ S Corporation

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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	hours/week	%
Food Cooking & Cleanup (Food and drink preparation, food presentation, kitchen and food clean-up, etc.)	☐ Yes	☐ No	hours/week	%
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	hours/week	%
Household Management (Financial management, household and personal organization and planning, home security, etc.)	☐ Yes	☐ No	hours/week	%
Shopping (Grocery shopping, purchasing gas, food, and other items, comparison shopping, etc.)	☐ Yes	☐ No	hours/week	%
Obtaining Services (Using pet services, professional/personal services, interior cleaning services, clothing repair and cleaning services, home maintenance services, etc.)	☐ Yes	☐ No	hours/week	%
Travel for Household Activity (Travel related to household production)	☐ Yes	☐ No	hours/week	%

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

Household services survey (cont.)

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

Is the Subject anticipated to regain the ability to perform any of their household services at any point in the future?	☐ Yes		☐ No		☐ Unknown
Is there an anticipated date at which the Subject will be able to perform 100% of their household services?	Month (MM)	Day (DD)	Year (YYYY)	☐ Never	☐ Unknown

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

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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?