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

Personal Injury Checklist
(Kid/Juvenile)

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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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	☐ 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?

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Subject's Family Information

	#	Name	DOB		
Siblings	**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)

Subject's Parents Information

Parent 1's name					
Parent 1's Date of birth	Month (MM)	Day (DD)	Year (YYYY)		
Parent 1's Marital status	☐ Not married	☐ Married with Parent 2 ☐ Married with another person	☐ Separated	☐ Divorced	☐ Divorced and remarried
Parent 1's Gender	☐ Female	☐ Male			
Parent 1's Race	☐ Caucasian	☐ African-American	☐ Hispanic		
	☐ Asian	☐ Native-American	Other:		
Parent 1's 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 ☐				
Parent 1's Highest degree or certificate of education attained	☐ None	☐ GED	☐ High School	☐ Associate's	
	☐ Bachelor's	☐ Master's	☐ Professional	☐ Ph.D.	
Parent 1's Job Title					
Parent 1's Average Annual Earnings					
Parent 1's Current city and state of residence					

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

Subject's Parents Information (cont.)

Parent 2's name																				
Parent 2's Date of birth	Month (MM)			Day (DD)				Year (YYYY)												
Parent 2's Marital status	☐ Not married		☐ Married with Parent 1 ☐ Married with another person		☐ Separated			☐ Divorced			☐ Divorced and remarried									
Parent 2's Gender	☐ Female							☐ Male												
Parent 2's Race	☐ Caucasian				☐ African-American				☐ Hispanic											
	☐ Asian				☐ Native-American				Other:											
Parent 2's 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 ☐
Parent 2's Highest degree or certificate of education attained	☐ None			☐ GED				☐ High School				☐ Associate's								
	☐ Bachelor's			☐ Master's				☐ Professional				☐ Ph.D.								
Parent 2's Job Title																				
Parent 2's Average Annual Earnings																				
Parent 2's Current city and state of residence																				

Is there any other information regarding the Subject's family which would be important for our analysis? Are there any special circumstances surrounding the living arrangements of the family? Does one of the siblings 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 (cont.)

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?

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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?