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

Wrongful Death 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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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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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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Incident Information

Date the economic damages began	Month (MM)	Day (DD)	Year (YYYY)
Describe how the incident 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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Incident Result Information

Describe the earnings before the incident.	
Earnings type	**Before the incident**
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.

Incident Result Information (cont.)

Is there any other information regarding the Incident 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 incident

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.

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 incident.

#	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 was an owner of at the time of the incident. Also, circle how the business was organized at the time of the incident.

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

Household Production	Before the incident		
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 incident		
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 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
Does Personal Consumption (or Personal Maintenance) 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?