



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

Wrongful Death 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



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					☐ 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?



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

Subject's Family Information

Siblings	#	Name	DOB		
	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																								



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?



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

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			



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?



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?