

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 | 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 |

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?

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 | | |
| Children | | Name | | DOB | |
| | 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?

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. | | |
|--|-------------------|------------------|
| | 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) | | |

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 | | | |

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 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.

Business Information

| <p>Enter the business the Subject is an owner of.</p> <p>Also, circle how the businesses are organized.</p> | | 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 | |

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 | ___% |

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 in which the Subject will be able to perform 100% of their household services? | Month | Day | Year | | |
| | | | | Never | Unknown |

Is there any other information regarding the Household Services 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 |

| | |
|---|--|
| 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?