

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	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

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.
Describe the Subject's hobbies and interests				
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 at time of death	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.

Incident Information

Date the economic damages began	Month	Day	Year
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

Describe the earnings before the incident.	
	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)	

Is there any other information regarding the Incident 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 incident

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.

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 incident					
	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-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		
	Yes	No	___h/w
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 incident		
	Yes	No	___h/w
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
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

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

Travel for Non-Household Members (Travel related to caring for and helping non-household members)	Yes	No	____ h/w
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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
Does Personal Consumption or Personal Maintenance need to be incorporated into the analysis?	Yes	No

<p>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?</p>	
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Is there any other information that we should consider regarding the analysis?