

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

## Wrongful Death Checklist (wage earner)

### Attorney Information

<b>Hiring attorney name</b>	
<b>Firm name</b>	
<b>Phone number</b>	
<b>Fax number</b>	
<b>Address</b>	
<b>City/State/Zip</b>	
<b>Email address</b>	
<b>Legal assistant</b>	

### Case Information

<b>Project name</b> (client's last name or company name)				
<b>Case name</b>				Case Not Filed
<b>Court and location</b>				Case Not Filed
<b>Docket number</b>				Case Not Filed
<b>Party representing</b>	Plaintiff		Defendant	
<b>Opposing attorney</b>				
<b>Due date of report</b>	Month	Day	Year	
<b>Anticipated deposition date</b>	Month	Day	Year	Unknown
<b>Anticipated trial date</b>	Month	Day	Year	Unknown
<b>Is there an opposing economic expert report?</b>	Yes	No	There Will Be	Unknown

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

**Subject Information**

<b>Subject's name</b>				
<b>Date of birth</b>	Month	Day	Year	
<b>Gender</b>	Male		Female	
<b>Race</b>	Caucasian	African-American	Hispanic	Asian
	Native-American	Other:		
<b>Number of years of schooling</b>	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20			
<b>Highest degree or certificate of education attained</b>	None	GED	High School	Associate's
	Bachelor's	Master's	Professional	Ph.D.
<b>Describe the Subject's hobbies and interests</b>				
<b>City and state of residence when born</b>				
<b>Current city and state of residence</b>				
<b>Citizenship</b>	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**

<b>Marital status at time of death</b>	Not married	Married	Separated	Divorced	Divorced and remarried
If married, <b>Spouse's name</b>					
If married, <b>Spouse's DOB</b>	Month	Day	Year		
If married, <b>Does the spouse work full time?</b>	Yes		No		
<b>Children</b>		<b>Name</b>		<b>DOB</b>	
	<b>1</b>			Month	Day Year
	<b>2</b>			Month	Day Year
	<b>3</b>			Month	Day Year
	<b>4</b>			Month	Day Year
	<b>5</b>			Month	Day Year
	<b>6</b>			Month	Day Year
	<b>7</b>			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?

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### Incident Information

<b>Date the economic damages began</b>	Month	Day	Year
<b>Describe how the incident occurred and what happened</b>			
<b>Create a timeline detailing the important dates and key things that have happened or are expected to happen</b>			

**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**

<b>Company name</b>						
<b>Hire date</b>	Month	Day	Year			
<b>Wage / salary at hire</b>			Hourly	Weekly	Annually	
<b>Job title at hire</b>						
<b>Typical job duties at hire</b>						
<b>Termination date</b>	Month	Day	Year			
<b>Wage / salary at termination</b>			Hourly	Weekly	Annually	
<b>Job title at termination</b>						
<b>Typical job duties at termination</b>						
<b>Union job?</b>	Yes		No			
<b>Hours worked per week</b>						
<b>Average tips per hour</b>						
<b>Health benefits</b>	Yes	No	Unknown			
<b>Dental benefits</b>	Yes	No	Unknown			
<b>Vision benefits</b>	Yes	No	Unknown			
<b>Life benefits</b>	Yes	No	Unknown			
<b>Defined contribution plans (401k plans)</b>	Yes	No	Unknown			
<b>Defined benefit plans (pension plans)</b>	Yes	No	Unknown			
<b>Employee stock options</b>	Yes	No	Unknown			
<b>Employee stock purchase</b>	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.**

### 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
<b>Inside Housework</b> (Interior cleaning, laundry, sewing, storing items, carrying in groceries, etc.)	Yes	No	___h/w
<b>Food Cooking &amp; Cleanup</b> (Food and drink preparation, food presentation, kitchen and food clean-up, etc.)	Yes	No	___h/w
<b>Pets, Home &amp; Vehicles</b> (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
<b>Household Management</b> (Financial management, household and personal organization and planning, home security, etc.)	Yes	No	___h/w
<b>Shopping</b> (Grocery shopping, purchasing gas, food, and other items, comparison shopping, etc.)	Yes	No	___h/w
<b>Obtaining Services</b> (Using pet services, professional/personal services, interior cleaning services, clothing repair and cleaning services, home maintenance services, etc.)	Yes	No	___h/w
<b>Travel for Household Activity</b> (Travel related to household production)	Yes	No	___h/w

Caring and Helping	Before the incident		
	Yes	No	___h/w
<b>Household Children</b> (Physical care, reading, playing, arts and crafts, sports, homework, meetings, providing medical care, etc.)	Yes	No	___h/w
<b>Household Adults</b> (Physical care, looking after, providing medical care, etc.)	Yes	No	___h/w
<b>Non-Household Members</b> (Physical care, reading, sports, homework, providing medical care, housework, house & lawn maintenance, vehicle & appliance maintenance, household management, etc.)	Yes	No	___h/w
<b>Travel for Household Members</b> (Travel related to caring for and helping household members)	Yes	No	___h/w

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<b>Travel for Non-Household Members</b> (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**

<b>Do Federal taxes need to be incorporated into the analysis?</b>	Yes	No
<b>Do State taxes need to be incorporated into the analysis?</b>	Yes	No
<b>Does Personal Consumption or Personal Maintenance need to be incorporated into the analysis?</b>	Yes	No

<p><b>Legal Parameters</b> 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?