

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

Wrongful Termination Checklist

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.

Termination Information

Date the economic damages began	Month	Day	Year
Describe how the termination 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.

Termination Result Information

Describe the earnings before the termination and the damage to the earnings after the termination.		
	Before the termination	After the termination
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.

Termination Result Information (cont.)

Have there been any payments from the company due to the termination? (i.e. worker's compensation, paying for excess vacation or sick days, severance, etc.)	Yes	No	Unknown
If yes, what payments have been made?			

Is there any other information regarding the Termination 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 termination

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 termination?	Yes	No
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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 termination 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.

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?	
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Is there any other information that we should consider regarding the analysis?