

Personal Injury Questionnaire (Source: Martin, Determining Economic Damages, 2011, James Publishing)

1. Plaintiff's name, address and phone number

2. Sex: Male Female

3. Date of birth _____

4. Date of injury _____

5. Plaintiff's level of education _____

6. If plaintiff is a minor, provide minor's grade level at date of injury and pre-injury occupational plans, and list occupations and education levels of parents

7. Plaintiff's pre-injury job description, employer name, and length of time in occupation

8. Plaintiff's pre-injury income history for as many years as available (*attach tax returns, forms W-2, Schedule C's, payroll records, or check stubs*)

9. Employer paid benefits and amount paid by employer (e.g., social security, life insurance, health insurance, and pension plans)

10. If plaintiff has a union contract, provide name and phone number of union agent (*attach copy of union contract*)

11. Plaintiff's post-injury jobs, including starting dates, pay, and employer paid benefits (if plaintiff held multiple post-injury jobs, provide inclusive dates for each)

12. Expectation of future work, cost of retraining, starting date of retraining, length of retraining program, type of work plaintiff will perform after retraining, and future earnings (*attach supporting medical and/or rehabilitation reports*)

13. Medical expenses incurred to date for which a loss claim is being made

14. Expected future medical expense items, including current cost and number of years they will be incurred (*attach Life Care Planner's report, if applicable*)

15. If plaintiff cannot perform the same amount of services to the home and family as performed prior to the injury (e.g., cooking, mowing lawn, washing clothes, home repairs, etc.) state reduction in services as a percentage (e.g., 20% less than before)

(Note: It is not necessary to list individual services.)

16. If a claim is being made for the loss of personal property (e.g., a car) list each property item and value of loss

17. If plaintiff must live in a health care facility, or hire a live-in or visiting home attendant, provide current annual cost

18. If medical evidence indicates plaintiff will have a reduced life expectancy, provide estimate of reduction

19. If uninjured spouse lost work time and earnings while out of work caring for injured spouse, provide information on loss if a claim is being made

20. Provide any additional information regarding economic losses not covered above (*attach supporting documentation*)

21. Is this a medical malpractice case? Yes No (*Note: The purpose of this question is to determine whether a schedule of periodic payments may be required.*) If so, and disability payments will be considered mitigating income, provide amount and duration of payments, and date payments began

22. Names and birthdates of spouse and all children living at home

23. Date and location of trial

24. Name and address of opposing counsel

25. Name and address of opposing economist

26. Name of person providing answers to this questionnaire and date questionnaire completed

Name

Date