

Wrongful Termination Questionnaire

1. Plaintiff's name, address and phone number

2. Sex and race _____

3. Date of birth _____

4. Level of education _____

5. Date of termination _____

6. Name and address of pre-termination employer, job title, and length of time with employer:

7. Provide pre-termination income history for as many years as available (*attach supporting documentation including tax returns, Forms W-2, check stubs, or payroll records*)

8. Did plaintiff receive severance pay? Yes No If so, state amount: _____

9. List all pre-termination employer paid benefits and the amount of employer's contribution, if known (e.g., social security, health and/or life insurance premiums, pension plan contributions)

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

11. List all post-termination jobs including beginning and ending dates, pay, and any employer paid benefits for each job

12. List all expenses incurred in obtaining a new job

13. Add any additional information regarding economic losses not covered above (e.g., unemployment benefits) and whether these are considered mitigating income or collateral source

14. Is plaintiff using a vocational rehabilitation expert? Yes No (*If so, attach copy of vocational rehabilitation report.*)

15. Date and location of trial: _____

16. Name(s) of opposing attorney(s) _____

17. Name and address of opposing economist _____

18. Name of person completing this questionnaire and date completed
