

Wrongful Death Questionnaire

1. Name, address and phone number of plaintiff

2. Name of deceased _____
3. Sex of deceased _____
4. Date of birth of deceased _____
5. Date of death _____
6. Date of injury (if different from date of death) _____
7. Names and birthdates of surviving spouse and children living at home

8. Address and phone number of decedent's spouse

9. Decedent's level of education and level of education planned for decedent's children

10. If decedent was a minor, provide decedent's occupational plans and grade level at date of death, and decedent's parents' education levels

11. Name of decedent's employer, job title, and length of time in occupation

12. Income history for as many years as available (attach supporting documentation including tax returns, Forms W-2, Schedule C's, payroll records, or check stubs)

13. List all employer paid benefits and the amount paid for each (e.g., social security, health insurance premiums, life insurance premiums, and pension plan contributions)

14. Name and phone number of union agent, if applicable (*attach copy of union contract*)

15. List all medical, funeral, and burial expenses

16. Did decedent provide the "average" amount of services for the family and home (e.g., cooking, washing, house repair, bookkeeping, lawn care, shopping, etc. Do not list individual items)

17. Provide any additional information regarding economic losses not covered above, and provide supporting documentation, including personal property, such as a car, if a claim is being made

18. Date and location of trial _____

19. Name(s) of opposing attorney(s) _____
 20. Name of opposing economist _____
 21. Name of person completing this questionnaire and date completed
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