

## Fact-Finding Questionnaire

### *Employment Law Litigation (Termination, Discrimination, Harassment, etc.)*

#### I. PERSONAL INFORMATION

1. Full name \_\_\_\_\_
2. Date of birth \_\_\_\_\_
3. Gender: (circle one)    male    female
4. Residence (town & state) \_\_\_\_\_
5. Educational attainment \_\_\_\_\_
6. Year of graduation \_\_\_\_\_
7. Professional licenses and certificates held \_\_\_\_\_
8. Health during the year before termination \_\_\_\_\_
9. Marital status (include spouse's name and date of birth) \_\_\_\_\_

#### II. FORMER EMPLOYMENT & EARNINGS INFORMATION

##### A) Employment

1. Name of Employer \_\_\_\_\_
2. Full-time or Part-time? \_\_\_\_\_
3. Location (town and state) \_\_\_\_\_
4. Date of hire \_\_\_\_\_
5. Date of termination/separation \_\_\_\_\_
6. Last day worked \_\_\_\_\_
7. Date of last pay \_\_\_\_\_
8. Last job title \_\_\_\_\_
9. List any promotions, merit awards received before termination \_\_\_\_\_

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10. Average number of hours worked per week a) regular \_\_\_\_\_ b) overtime \_\_\_\_\_

(Note: If a substantial amount of overtime pay was received, please provide documents supporting the amount of overtime plaintiff could have expected to receive. Such documentation would include year-end pay stubs for several years prior to the incident or a statement from an employer.)

11. Union member? \_\_\_\_\_ (Note: If a union member, please provide collective bargaining agreements for 4 years before and including the year of incident and through the present.

Also provide statement of number of hours worked each year.)

12. Please provide a description of plaintiff's employment history for a ten-year period before termination. Provide a recent resume or a complete synopsis of plaintiff's employment history including promotions and reason for job changes. Provide a complete explanation of any periods of unemployment.

## **B) Earnings**

1. Provide **complete** copies of W-2's and federal income tax returns for 3 years before the year of termination, as well as the year of termination and through the present time. To request copies of tax returns, download IRS form 4506 at

<[http://tinarieconomics.com/pdfs/form\\_4506.pdf](http://tinarieconomics.com/pdfs/form_4506.pdf)> . To request a history of Social Security

earnings, download Social Security Administration Form 7050 at

<[http://tinarieconomics.com/pdfs/form\\_7050.pdf](http://tinarieconomics.com/pdfs/form_7050.pdf)> .

2. Annual salary or hourly rate of earnings at the time of termination \_\_\_\_\_

3. Overtime status (exempt or non-exempt) \_\_\_\_\_ Is overtime available? \_\_\_\_\_

4. Amount of severance received \_\_\_\_\_

5. Was severance received in a lump-sum payout or interval payments (provide documentation)?

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6. Fringe benefits (compensation other than money wages). Provide a copy of the employer's benefits handbook.

a) Indicate below the fringe benefits received by decedent from his or her employer before termination (Check only those benefits that apply)

Circle Y or N below if an employee  
contribution was required

		<u>If 'Yes', list amount below</u>
<input type="checkbox"/> Health insurance (circle one: family or individual)	Y / N	Amount _____ per _____
<input type="checkbox"/> Prescription Coverage	Y / N	Amount _____ per _____
<input type="checkbox"/> Dental Insurance	Y / N	Amount _____ per _____
<input type="checkbox"/> Eyeglass / Vision Plan	Y / N	Amount _____ per _____
<input type="checkbox"/> Pension Plan	Y / N	Amount _____ per _____
<input type="checkbox"/> 401(k) Plan (indicate % of employer match _____ )	Y / N	Amount _____ per _____
<input type="checkbox"/> Life Insurance	Y / N	Amount _____ per _____
<input type="checkbox"/> Long Term Disability Insurance	Y / N	Amount _____ per _____
<input type="checkbox"/> Other _____	Y / N	Amount _____ per _____

b) Did plaintiff and/or family members have any out-of-pocket medical costs subsequent to the date of termination? Please provide details by family member. Do not include those costs which would normally have been out-of-pocket for the family. \_\_\_\_\_

c) Did plaintiff extend health insurance coverage through COBRA? Please provide details including duration of such benefits and monthly cost \_\_\_\_\_

7. Retirement/Pension benefits

a) Please provide copy of retirement handbook and description of plan

b) Are you currently receiving any payments? If so, provide month and year payments began and current monthly amount being received. \_\_\_\_\_

### III. PERIODS OF UNEMPLOYMENT

1. Exact period(s) of unemployment after termination (detail all such periods) \_\_\_\_\_

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2. Was any unemployment compensation received after termination? Please provide details including duration and amount of any such benefits. [Note: Documentation should be included with tax return information previously requested.] \_\_\_\_\_

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### IV. EMPLOYMENT AND EARNINGS AFTER TERMINATION/SEPARATION

**A) Employment** (if applicable, attach outlined info. for each interim employer and current employer)

1. Name of Employer \_\_\_\_\_ 2. Full-time or Part-time? \_\_\_\_\_

3. Location (town and state) \_\_\_\_\_

4. Date of hire \_\_\_\_\_ 5. Job Title \_\_\_\_\_

6. Union position? \_\_\_\_\_

7. Average number of hours worked per week a) regular \_\_\_\_\_ b) overtime \_\_\_\_\_

**B) Earnings (attach recent pay stub)**

1. Annual salary or hourly rate of pay \_\_\_\_\_

2. Overtime status (exempt vs. non exempt) \_\_\_\_\_

3. List all fringe benefits being received in current employment (refer to list on page 3) \_\_\_\_\_

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4. To what extent are current fringe benefits comparable to those previously received? (please note differences) \_\_\_\_\_

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**This ends the questions.**

**“I attest that the foregoing facts and statements are true”.**

**Information Prepared By (signature):** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**V. FOR COUNSEL**

1. a) Retaining attorney (please print) \_\_\_\_\_  
 b) Name of firm \_\_\_\_\_
2. Court jurisdiction:  
 Federal       State  
 Court name \_\_\_\_\_
3. If specific prevailing law applies, please note here: \_\_\_\_\_  
 \_\_\_\_\_
4. Provide copy of Complaint and Amended Complaint(s)
5. Provide copy of any relevant deposition transcripts and interrogatories, if available.
6. May plaintiff be contacted directly to obtain additional information? If so, please inform your client that we may be contacting them and provide us with their telephone number(s).  
 \_\_\_\_\_  
 and e-mail address \_\_\_\_\_
7. Estimated trial date (if known) \_\_\_\_\_
8. Deadline for submission of economic appraisal report \_\_\_\_\_
9. Please attach any other potentially useful information/documentation.

**SEND INFORMATION TO: Frank D. Tinari, Ph.D.**  
**TINARI ECONOMICS GROUP**  
**220 South Orange Avenue, Suite 203**  
**Livingston, NJ 07039**  
**973 / 992-1800 phone**  
**973 / 992-0023 facsimile**