

Fact-Finding Questionnaire

Wrongful Death of Adult

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. Health during the year before death (or in the time period before impairment) _____

8. Any health factors affecting decedent's life expectancy or ability to work? If so, briefly explain.

9. Date of death _____ 10. Date of impairment (if different) _____

11. Marital status _____

If married, provide spouse's

Name _____ Date of birth _____

Educational attainment _____ Employed before spouse's death? _____

Occupation _____ Full-time or Part-time? _____

____ Health during past year _____

Any health factors affecting spouse's life or worklife expectancy? If so, briefly explain.

12. List all children and/or other dependents (if any)

Name	Date of birth	City of residence	Health during past year
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II. EMPLOYMENT & EARNINGS INFORMATION

A) Employment

1. Employed prior to time of death? _____ 2. Full-time or Part-time? _____
3. Name of employer _____
4. Location (town and state) _____
5. Last job title _____ 6. Date of hire _____
7. 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 decedent could have expected to receive. Such documentation would include year-end pay stubs for several years before the incident or a statement from an employer.)
8. Union member? _____ (Note: If a union member, please provide collective bargaining agreements for 4 years prior to and including the year of incident and through the present. Also provide statement of number of hours worked each year.)
9. Provide a description of decedent's employment history for a ten-year period before death. Provide a recent resume or a complete synopsis of decedent'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 at least 3 years before and including the year of death. If earnings fluctuated over this period, please provide a complete explanation. To request copies of tax returns, download IRS form 4506 at http://tinariconomics.com/pdfs/form_4506.pdf. To request a history of Social Security earnings, download Social Security Administration Form 7050 at http://tinariconomics.com/pdfs/form_7050.pdf.

2. Annual salary or hourly rate of earnings at the time of death: _____

If the level of earnings since the time of death can be substantiated by the former employer or otherwise, please provide proper supporting documentation. (If applicable, provide the earnings history of employees comparable to the decedent since the time of death.)

3. 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 prior to the time of death (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) Have decedent’s surviving family members incurred or paid for any out-of-pocket medical costs after the date of death? Please provide details by family member. Do not include those costs which would normally have been out-of-pocket for the family.

c) Did surviving family members extend health insurance coverage through COBRA? Please provide details including duration of such benefits and monthly cost. _____

4. Retirement/Pension benefits

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

b) Are any family members currently receiving pension payments? If so, provide information regarding whom, date (month and year) payments began and current monthly amount being received. _____

III. SOURCES OF INCOME SINCE DECEDENT’S DATE OF DEATH

1. Please list the sources of all new or compensating income received by decedent's family after the date of death. _____

2. For Social Security Survivors benefits, please provide the following (*itemized by family member*)

a) Month and year payments started _____

b) Copy of Notice of Award in support of Social Security payments. (*for each family member*)

c) Copies of each family members annual SSA-1099 form (Social Security Benefit Statement) from the year payments began through the present.

d) Current monthly amount being received (*itemized by family member*). _____

IV. HOUSEHOLD SERVICES

1. Itemize and provide a **comprehensive** description of the household services/chores that had been performed by the decedent. Identify average number of hours per week devoted to each service. (If needed, attach additional sheets.)

[To help you think about this, first consider a typical day during the week. When would the decedent perform household services and for how long? For example, if decedent did shopping, was it right after work during a weekday? Then think of a typical Saturday or Sunday. With respect to household services, when would the decedent perform household services and for how long? For example, please note if decedent regularly performed general maintenance or repairs around his or her home, what would he or she do, how often and at what time?]

2. Does any family member require special care and/or assistance for daily living activities? If yes, please explain. _____

3. Type of residence occupied by decedent and family (circle one):

apartment / townhouse / condominium / single-family home / multi-family home / mobile home

V. SERVICES SUMMARY

BASED ON YOUR RESPONSES TO THE ABOVE QUESTIONS, PLEASE SUMMARIZE THE AVERAGE NUMBER OF HOURS OR RANGE OF HOURS THE DECEDENT HAD SPENT ON EACH OF THE FOLLOWING DURING A TYPICAL WEEK

- 1. Sleep _____
 - 2. Work (include commuting time) _____
 - 3. Household Services (refer to Section IV) _____
 - 4. Personal time (personal grooming, relaxing, etc.) _____
- Total hours 168

This ends the questions.

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

Information Prepared By (signature): _____

Print Name: _____

Date: _____

Please see page 7 to complete this questionnaire.

VI. 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.
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