

Fact-Finding Questionnaire

Wrongful Death of Single Adult (childless)

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 prior to death _____
8. Any health factors affecting decedent's life or worklife expectancy? If so, attach explanation.
9. Date of death _____ 10. Date of impairment (if different) _____

11. Parent information:

- A) Father _____ Date of birth _____
- Educational attainment _____ Employed prior to decedent's death? _____
- Occupation _____ Full-time or Part-time? _____
- Health during the year prior to death of son / daughter _____
- Any health factors affecting father's life or worklife expectancy? If so, briefly explain.

- B) Mother _____ Date of birth _____
- Educational attainment _____ Employed prior to decedent's death? _____
- Occupation _____ Full-time or Part-time? _____
- Health during the year prior to death of son / daughter _____
- Any health factors affecting mother's life or worklife expectancy? If so, briefly explain.

12. Siblings

Name	Date of birth	Education	Occupation

13. Have decedent’s surviving family members incurred or paid for any out-of-pocket medical costs as a result of the death? Please provide details by family member. Do not include those costs which would normally have been out-of-pocket for the family.

II. EMPLOYMENT & EARNINGS OF DECEDENT

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 compensation was received, please provide documentation supporting the amount of overtime decedent could have expected to receive. Such documents would include year-end pay stubs for several years prior to the injury or a statement from 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. Please provide a description of decedent’s employment history for a ten-year period prior to death. Provide a recent resume or a complete synopsis of decedent’s employment history including promotions & reason for job changes. Provide complete explanation of any periods of unemployment.

B) Earnings

1. Provide **complete** copies of W-2's and federal income tax returns for 4 years prior to 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.)

III. AMOUNT AND QUALITY OF TIME SPENT WITH PARENTS (attach additional sheets if needed)

1. How much time did decedent spend with his/her parents during the week and also on weekends? (Include information regarding holidays and summers.) _____

2. List any common interests, activities, or hobbies that they shared. _____

3. What were the decedent's prospects for getting married and/or staying home? Did decedent's own parents or siblings live near their own parents? _____

4. Did decedent’s parents receive any advice from the decedent on family, financial, or other matters?

IV. AMOUNT AND QUALITY OF TIME SPENT WITH SIBLINGS (attach additional sheets if needed)

1. How much time did the decedent spend with his/her siblings during the week and on weekends?

2. In what activities did the decedent participate with his/her siblings? _____

“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**

