

Fact-Finding Questionnaire

Wrongful Death of Infant / Youth

I. PERSONAL INFORMATION

1. Full name _____ 2. Date of birth _____
3. Gender Male/Female
4. Residence (town & state) _____
5. Educational attainment (if applicable) _____ (please provide test scores, report cards, grades achieved, and educational prospects)
6. Health during the years prior to death _____
7. Any health factors affecting decedent's life or worklife expectancy? If so, briefly explain. _____

8. Date of death _____ 9. Date of impairment (if different) _____
10. Parent information:
Father _____ Date of birth _____
Educational attainment _____ Employed prior to child's death? _____
Occupation _____ Full-time or Part-time? _____
Health during the year prior to child's death _____
Any health factors affecting father's life or worklife expectancy? If so, briefly explain. _____

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

11. Siblings and/or other dependents living in household (if any)

Name	Date of birth	Education	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. 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 INFORMATION (if applicable)

- 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 _____
- 8. Please provide a description of decedent’s employment history for the years 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.
- 9. What were the career goals of the decedent? (if applicable) _____

- 10. If applicable, provide **complete** copies of W-2's and federal income tax returns for 3 years prior to and including the year of death. 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>.
- 11. Annual salary or hourly rate of earnings at 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 child's prospects for getting married and/or staying home? _____

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

- 5. Did decedent's parents or siblings live in the vicinity of his/her own respective parents? _____

6. Did decedent's parents care for or assist their own parents? _____

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. What activities did the decedent participate in 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.
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