

Fact-Finding Questionnaire

Personal Injury of Adult

I. PERSONAL INFORMATION

1. Full name _____ 2. Gender: (circle one) Male / Female
3. Date of birth _____ 4. Date of injury _____
5. Residence (town & state) _____
6. Educational attainment _____ 7. Year of graduation _____
8. Health during the year prior to injury _____
9. Any health factors affecting plaintiff's life or work life expectancy? If so, briefly explain _____

10. Marital status _____
11. If married, provide spouse's
- Name _____ Date of birth _____
- Educational attainment _____ Employment status at time of injury _____
- Occupation _____ Full-time or Part-time? _____
12. Children and/or dependents living in the household (if any)
- | Name | Date of birth | City of residence | Health during past year |
|-------|---------------|-------------------|-------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

II. EMPLOYMENT & EARNINGS INFORMATION (Pre-Injury & Post-Injury)

A) Employment Before the Injury

1. Employed at time of injury? _____ 2. Full-time or Part-time? _____
3. Name of Employer _____
4. Location (town and state) _____
5. Job title at time of injury _____ 6. Date of hire _____
7. Number of hours worked per week _____ a) regular _____ b) overtime _____
8. Last day worked _____ 9. Date of last pay _____
10. Union member? _____ (Note: If a union member, please provide collective bargaining agreements for 4 years prior to the injury, as well as the year of injury, and through the present. Also provide statement of number of hours worked each year.)
11. Please provide a description of plaintiff's employment history for a ten-year period prior to the incident. 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 Before the Injury

1. Date at which earnings loss begins (if different from date of injury, please explain) _____

2. Provide **complete** copies of W-2's and federal income tax returns for 4 years prior to the injury, as well as the year of injury, and through the present time. 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>.

3. Annual salary or hourly rate of earnings at the time of injury _____

If the level of earnings since the time of the incident can be substantiated by the employer or otherwise, please provide the supporting documentation. (If applicable, provide the earnings history of employees comparable to plaintiff since the date of the incident.)

4. Overtime status (exempt or non-exempt) _____ (Note: If a substantial amount of overtime compensation was received, please provide documentation 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 employer.)

5. Fringe benefits (compensation other than money wages)*

a) Please indicate below the fringe benefits being received by plaintiff from employer prior to the time of injury (Check only those benefits that apply)

	<u>Was Employee Contribution Required?</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"/> 401K 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 _____

***PLEASE PROVIDE A COPY OF EMPLOYEE HANDBOOK(S)**

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

c) Subsequent to the injury did plaintiff extend health insurance through COBRA? Please provide details including duration of such benefits and monthly cost _____

6. 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. _____

C) Employment and Earnings Since the Injury

1. If employed since injury, give employer's name and address, date of hire, job title

2. Provide rate of current earnings (annual or hourly) and hours worked per week _____

3. List all fringe benefits being received in current employment _____

4. To what extent are current fringe benefits comparable to those previously received at former employer? (Please note any differences) _____

D) Likelihood of Future Employment (if not currently working)

1. What is the likelihood of plaintiff’s future employment? If applicable, please provide supporting medical documentation for “totally / permanently disabled” opinion.

2. Does plaintiff have any residual earnings capacity (i.e., part-time employment possible at minimum wage)? _____

3. Will vocational/employability expert be retained in this matter? _____

III. SOURCES OF INCOME SINCE PLAINTIFF’S DATE OF INJURY (if applicable)

1. Please list the sources of all income received by plaintiff and dependents subsequent to the injury

2. For Social Security disability 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*) _____

3. Was any unemployment compensation received subsequent to the injury? If applicable, please provide the date such payments began and terminated, and the periodic amount received.

IV. HOUSEHOLD SERVICES

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

(a) Before the injury _____

(b) After the injury _____

2. Type of residence owned by plaintiff and family (circle one):

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

3. Is plaintiff able to drive? _____

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

V. SERVICES SUMMARY

BASED ON YOUR RESPONSES TO THE ABOVE QUESTIONS, PLEASE SUMMARIZE THE AVERAGE NUMBER OF HOURS OR RANGE OF HOURS SPENT ON EACH OF THE FOLLOWING DURING A TYPICAL WEEK BEFORE & AFTER THE INJURY:

	Before Injury	After Injury
1. Sleep	_____	_____
2. Work (include commuting time)	_____	_____
3. Household Services (refer to Section IV)	_____	_____
4. Time spent with spouse	_____	_____
5. Time spent with children	_____	_____
6. Personal time (personal grooming, relaxing, etc.)	_____	_____
Total hours per week:	168	168

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

Information Prepared By (signature): _____

Print Name: _____

Date: _____

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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