

Fact-Finding Questionnaire

Personal Injury of Infant/Youth

I. PERSONAL INFORMATION

1. Full name _____ 2. Date of birth _____
3. Gender: (circle one) 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 year prior to injury _____
7. Any health factors affecting plaintiff's life or work life expectancy? If so, briefly explain.

8. Date of impairment _____
9. Parent information:
Father _____ Date of birth _____
Educational attainment _____ Employed prior to child's injury? _____
Occupation _____ Full-time or Part-time? _____
Health during past year _____
Mother _____ Date of birth _____
Educational attainment _____ Employed prior to child's injury? _____
Occupation _____ Full-time or Part-time? _____
Health during past year _____
10. Siblings and/or other dependents living in household (if any)

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

II. EMPLOYMENT & EARNINGS INFORMATION (If applicable)

A) Employment

1. Employed prior to time of injury? _____ 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 plaintiff could have expected to receive. Such documentation 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 plaintiff's employment history for a ten-year period prior to injury. 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 4 years prior to and including the year of injury. If earnings fluctuate 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 injury _____

If the level of earnings since the time of injury 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 plaintiff since the time of injury.)

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

a) Please indicate below the fringe benefits 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) Have plaintiff's family members incurred or paid for 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.

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 PLAINTIFF’S DATE OF INJURY (If applicable)

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

2. For Social Security disability benefits, please provide the following:

a) Month and year payments started _____

b) Copy of Notice of Award in support of Social Security payments

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

d) Current monthly amount _____

IV. HOUSEHOLD SERVICES (If applicable)

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 _____

“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.
TINARI ECONOMICS GROUP
220 South Orange Avenue, Suite 203
Livingston, NJ 07039
973 / 992-1800 phone
973 / 992-0023 facsimile