

ECONOMIC LOSS QUESTIONNAIRE AND CASE BACKGROUND INFORMATION

PERSONAL INJURY

Please fill out the information as completely as you can and return it along with supporting documents to my office:

Gary Skoog, PhD.
Legal Econometrics, Inc.
1527 Basswood Circle
Glenview, Illinois 60025

The items to be sent include:

- a copy of the most recent complaint
- interrogatory responses
- this filled in questionnaire
- plaintiff's (and spouse's) depositions, if taken
- any vocational rehabilitation reports
- any life care planning reports
- any functional capacity evaluations or reports
- any medical opinions or restrictions
- pre-accident and post-accident income tax returns with supporting schedules and W-2's
- Social Security Earnings history (described below)

If a union worker:

- historical wage and fringe benefit schedules
- hours history from pension fund trustees
- SPD (summary plan description) from pension fund trustees
- SPD (summary plan description) from health and welfare plan
- most recent actuarial valuation, from pension fund trustees

While many of these items may be filled in by a paralegal, it is important that the attorney be the source of the information in part A, question 18 below.

You may have downloaded this questionnaire as either a Microsoft Word file or a PDF file. If using Microsoft word, you may print over and eliminate the horizontal spaces (“_____”) which I have inserted below to indicate place where an answer is desired. (There is no need to reproduce the underlines your responses.) Please include a printout of this file with the materials above; please also e-mail your Word document to me as an attachment at: gskoog@umich.edu.

If you downloaded this file as a PDF file, please write in by hand your responses. You then may include the form with the other materials.

Many law offices are routinely scanning in materials. If any or all of the items are available in scanned PDF files, I would appreciate receiving them as e-mail attachments *in addition to* the hard copy you will send.

One of the key calculations involves establishing plaintiff's earning capacity at the time of accident. Your client's earning history may be summarized by his or her Social Security Statement, sent annually by the Social Security Administration. Page 3 of this 4 page document contains "Your Earnings Record at a Glance," a complete history of W-2 earnings reported. If the plaintiff does not have his or her copy, this document may be requested, and a copy produced while waiting, by having the plaintiff visit the nearest Social Security office.

Work proceeds most smoothly if you gather all of the information and send everything at once. Some of the items may take some time to produce, so start early. This completed form will become a part of my file, and I may either use the information contained here or combine or substitute data from national averages or other sources, including primary documents. Please take care in completing this form, and call or preferably e-mail me if you have any questions. Finally, please leave blank any part of this form which you feel is inapplicable, not available, or constitutes attorney work product.

A. CASE DATA

1. Attorney(s) for Plaintiff

Name _____
Firm Name _____
Address Line 1 _____
Address Line 2 _____
City, State, Zip Code _____
Telephone _____
FAX _____
e-mail _____

2. Attorney(s) for Defendants (up to 4 provided here; may provide service list)

Name _____
Firm Name _____
Address Line 1 _____
Address Line 2 _____
City, State, Zip Code _____
Telephone _____
FAX _____
e-mail _____

Name _____
Firm Name _____
Address Line 1 _____
Address Line 2 _____
City, State, Zip Code _____
Telephone _____
FAX _____
e-mail _____

Name _____
Firm Name _____
Address Line 1 _____
Address Line 2 _____
City, State, Zip Code _____
Telephone _____
FAX _____
e-mail _____

Name _____
Firm Name _____
Address Line 1 _____
Address Line 2 _____
City, State, Zip Code _____
Telephone _____
FAX _____
e-mail _____

3. Case Name or Citation _____

4. Court Number _____

5. Jurisdiction (County and State or Federal District) _____

Location of Courthouse _____

6. Judge (if known) _____

7. Date and Name of Person Filling in This Form _____

8. Attorney(s) for Whom This Opinion Is Prepared _____

9. Is a Written Report Desired? _____

10. Estimated or Known Date Trial to Begin _____

(If unknown, please estimate; this is used for purposes of breaking

losses into pre-trial and post-trial components.)

11. Estimated or Known Date of My Testimony _____

(If unknown, please estimate, and keep me updated; this is used to ensure my live testimony and to avoid conflicts.)

12. Time Frame for Deposition, if Relevant _____

13. Deadlines: Discovery End Date _____ Report Date _____

14. Names and Deponents to be Reviewed, e.g. plaintiff, plaintiff's spouse, treating physician, etc.

Deposition 1 (Name, Relation to case, date of deposition) _____

Deposition 2 (Name, Relation to case, date of deposition) _____

Deposition 3 (Name, Relation to case, date of deposition) _____

Deposition 4 (Name, Relation to case, date of deposition) _____

(If you have summaries of depositions, I would appreciate receiving a copy, although many attorneys do not like to include these. Include them only if they do not divulge your theory of the case or strategy.)

If you have these depositions or summaries in electronic format, I would appreciate receiving a copy in that format, as an e-mail attachment, as well as in hard copy with the other materials.

15. Other Experts in Case Presenting Related Testimony:

Medical experts _____

Vocational experts _____

Life care planning experts _____

16. Opposing Experts (if Known)

Medical experts _____

Vocational experts _____

Life care planning experts _____

Economics experts _____

17. Has the plaintiff reached maximum medical improvement (“MMI”), or are additional medical procedures contemplated? _____
If additional procedures are contemplated, when is MMI likely? _____

18. Legal Parameters (Constraints) to Be Observed

Various courts or statutes may suggest or require the economist to perform calculations differently than he otherwise would. I have indicated below a few areas, and placed in parentheses my understanding of the law. Please review these, indicate any differences, and add any areas I may have overlooked, especially if the jurisdiction is different from Illinois or Federal District Court. I would appreciate case cites and copies where relevant.

Pre-Judgment Interest _____
(No in Illinois)

Federal Income Taxation _____
(No in Illinois, but yes in FELA, Jones Act
and other tort cases in Federal District Court)

Method of Discounting/Statutory Interest Rates _____
(No current restrictions)

Statutory Mortality Tables _____
(No current restrictions)

B. DEMOGRAPHIC DATA OF PLAINTIFF OR SUBJECT

1. Name(s) of Plaintiff _____

2. Address of Plaintiff _____

Telephone Number(s) of Plaintiff _____

If the information on this form is incomplete and the plaintiff is your client, may I contact him or her for follow-up? _____

County of Residence of Plaintiff _____

3. Date of Accident _____

4. Nature of Accident and Injury – Description _____

Are the Injuries Temporary or Permanent? _____

Whose testimony Will Be Relied On to Establish This? _____

Is Earnings Loss Total or Partial? _____

Whose testimony Will Be Relied On to Establish This? _____

5. Location of Accident _____

6. Date of Birth _____ Place of Birth _____

7. Race _____ Sex _____ U.S. Citizen? _____

8. Educational History(names of schools attended and dates, whether graduated)

elementary school _____ begin _____ end _____ years _____ graduate? _____

high school _____ begin _____ end _____ years _____ graduate? _____ GED? _____

college _____
begin _____ end _____ graduate? _____ major _____ degree _____

post graduate _____
begin _____ end _____ graduate? _____ major _____ degree _____

vocational or trade school _____
begin _____ end _____ graduate? _____ trade _____ journeyman? _____

9a. Date Wage Loss Began (or Would Have Begun) _____

Note: if Wage Loss Date different from the Accident Date, please explain the circumstances, e.g. took medical leave, attempted return to work, dismissed from light duty, etc.

9b. Did the plaintiff work in the year(s) of the accident and in any years thereafter in the pre-accident occupation? ____ If so, what periods were worked? _____ When was the final date worked? What is the basis for the claim that plaintiff will need no longer be able to work in the customary occupation?

10. Marital and Family Status

Current Marital Status: (Married, Single, Divorced, Widowed & Date)

Name of Spouse _____ Date of Birth of Spouse _____

Occupation of Spouse _____

Children With Spouse: Name Date of Birth Sex Living at Home?

Child 1: _____

Child 2: _____

Child 3: _____

Child 4: _____

Child 5: _____

Only if Marital Status at Accident Date was different from current marital status above, please fill in the lines immediately below reflecting

Accident Date Status: Married, Single, Divorced, Widowed & Date _____

Name of Spouse _____ Date of Birth of Spouse _____

Occupation of Spouse _____

Children With Spouse: Name Date of Birth Sex Living at Home?

Child 1: _____

Child 2: _____

Child 3: _____

Child 4: _____

Child 5: _____

C. HEALTH AND HABITS

I. Before the Accident

1. Health _____

2. Weight ____ Height ____ Cigarette Use? _____ Alcohol Use? _____

3. Police Record: as Juvenile? _____ As Adult? _____

- 4. Significant Illnesses, Accidents, Drug Use _____
- 5. Hospitalizations _____
- 6. Other Ways in Which Subject May Be Significantly Different From the general U.S. population _____

II. After the Accident

- 1. Health _____
- 2. Weight ___ Height ___ Cigarette Use? _____ Alcohol Use? _____
- 3. Police Record: as Juvenile? _____ As Adult? _____
- 4. Significant Illnesses, Accidents, Drug Use _____
- 5. Hospitalizations _____
- 6. Other Ways in Which Subject May Be Significantly Different From the general U.S. Population _____
- 7. Functional Limitations on Future Employability (i.e. lifting, bending, sitting restrictions; cf. D.9 below)

Has a physician said plaintiff cannot continue in the job or occupation held at the date of injury? _____
 Name of Physician _____
 Where is this opinion given? _____ (e.g. report, p. 2; deposition, p. 32)

D. ECONOMIC DATA OF PLAINTIFF OR SUBJECT

- 1. Job Description or Title at Date of Accident _____
- 2. Job Description or Title(s) Post Accident, if any _____

If plaintiff has not gone back to work, please indicate why. What has plaintiff been doing since the accident.

In the rest of the year of the accident _____
 In the first year following the accident, if any _____

In any additional years _____

3. Job History: Years, Employers, and Jobs

4. Secondary Employment and Income, if any

5. Wage and Income History For Several Years Pre-Accident and All Post-Accident Years.

Please summarize here and provide copies of the underlying W-2 and Income Tax Returns.

In the comments, please note any reasons a year was exceptionally high or low, e.g. time was missed due to a previous injury, strike, or layoff; temporary overtime; a spell of unemployment and reason, etc. If plaintiff did not work in some years, enter a 0, and indicate why, e.g. had an operation and recovering, work hardening, unable to work per physicians, orders, etc.

Year	Plaintiff's Income	Hourly Rate	Hours Worked	Job Title	Comments
2012	_____	_____	_____	_____	_____
2011	_____	_____	_____	_____	_____
2010	_____	_____	_____	_____	_____
2009	_____	_____	_____	_____	_____
2008	_____	_____	_____	_____	_____
2007	_____	_____	_____	_____	_____
2006	_____	_____	_____	_____	_____
2005	_____	_____	_____	_____	_____
2004	_____	_____	_____	_____	_____
2003	_____	_____	_____	_____	_____
2002	_____	_____	_____	_____	_____

6. Please check all fringe benefits for which the employer contributed:

health insurance ___ retirement pension ___ dental insurance _____
life insurance ___ profit sharing ___ savings and thrift ___ vision care _____
disability insurance ___ bonuses ___ employee meals & discounts _____
paid leave for: vacations ___ holidays ___ sick leave ___ other leave _____
premium pay ___ shift pay ___ nonproduction bonuses ___ other _____

7. This question asks, for those fringe benefit items plaintiff received in 6., how much per hour, or per week or per month the *employer* contributed.

For union members, this information is available in collective bargaining agreements, and is often summarized in charts prepared by business agents; attorneys representing plaintiffs, please try to obtain this information by having your client contact his business agent.

For non-union employees, the employer’s HR (human resources) person may have costs per hour or other time unit; defense attorneys please try to obtain these costs from this source.

health insurance _____ retirement pension _____
dental insurance _____ life insurance _____
profit sharing _____ savings and thrift _____
vision care _____ disability insurance _____
bonuses _____ employee meals & discounts _____
paid leave: vacations _____ holidays _____
sick leave _____ other leave _____
premium pay _____ shift pay _____
non-production bonuses _____ other _____

8. Was the subject a member of a union? If so:

Name _____ Local Number _____
Address _____ Annual Union Dues _____
City, State Zip _____
Name of business agent _____
Telephone Number of Business Agent _____
Web address _____

8a. Please include copies of union contracts and fringe benefits for the period preceding

the accident to the trial date, as well as descriptions of the pension and health care plan. This information would be helpful and should be requested by the member (or the plaintiff's attorney); alternatively, the defendant's attorney will need to subpoena this information from the union's business office.

8b. The union, most likely through the pension fund's trustees, can generally furnish records of the hours credited to the plaintiff and paid for by the employer on a monthly and annual basis. This information would be helpful and should be requested by the member (or the plaintiff's attorney); alternatively, the defendant's attorney will need to subpoena this information and that mentioned in 8c. and 8d. from the union trustees.

8c. Also request a Summary Plan Description ("SPD") for the pension plan and, if the plaintiff is receiving disability payments from the fund a copy of the calculations which were used to make that determination.

8d. Finally from the pension trustees, request a copy of the most recent actuarial report, and, if available, a ten year old actuarial report. This will contain average hours and other information.

9. Will subject be able to return to the previous occupation?

Why or why not? _____ If so, when? _____

If not, will the plaintiff be able to obtain other employment? _____

What kind of employment? _____ When? _____

What is the basis of this supposition? _____

If there are no firm bases for answers to the 6 questions immediately above, for purposes of this report, should I hypothetically assume that the plaintiff will be able to obtain minimum wage employment? _____

If so, starting when? _____ at the projected trial date? _____

10. Has the plaintiff filed for Social Security disability income? _____

If so, what was the outcome? _____

Is the case on appeal? _____

11. Do you wish to include a claim for, and have me evaluate, some loss of household services? _____

(Many attorneys do not want these evaluated; if you do not want these evaluated, just leave the rest of this question blank.)

Please answer this question only if a claim should be computed for an economic loss in this regard. This is not advisable in all cases, and should only be included where the loss is credible and demonstrable.

Please list the in **hours per week** for each task before and after the accident below. Many entries may be 0, and sometimes more time may be spent after the accident, either because of a re-structuring of tasks between husband and wife, or because some tasks take more time.

	Hours Per Week Before	Hours Per Week After
household finances	_____	_____
automobile maintenance	_____	_____
household repairs	_____	_____
remodeling/renovating	_____	_____
driving on errands	_____	_____
snow removal	_____	_____
inside painting	_____	_____
outside painting	_____	_____
shopping	_____	_____
chauffeur family	_____	_____
laundrying	_____	_____
cooking	_____	_____
washing dishes	_____	_____
ironing clothes	_____	_____
cleaning house	_____	_____
child care	_____	_____
other (please list)	_____	_____

12. Are future medical or life care costs to be included in addition to the wage/earning capacity losses? _____

If a life care plan is involved, please have the life care planner include separately each item, whether it is a good (like a wheelchair or drugs) or a service (e.g. psychiatrist visits) and its current unit cost, as well as its frequency and annualized cost.

If future medical costs such as operations are to be evaluated please list the items to be included, when they will be incurred (e.g., knee replacement in 10 years), and the current costs.