

Forensic Economic Services

Economic Analysis | Litigation Support | Expert Testimony
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CHECKLIST OF INFORMATION NEEDED FOR APPRAISAL PERSONAL INJURY OF A RETIRED ADULT

Part I. Information About the Case

1. Full name of case
2. Provide a copy of the complaint filed by the plaintiff in this case
3. Court in which the case will be tried if it does not settle
4. Name of the judge that will hear the case
5. Name(s) of attorney(s) representing the defendant(s)
6. Expected date of trial
7. Date by which you wish to have my appraisal report in your hands

Part II. Personal Information About the Injured Plaintiff

1. Full name, date of birth, gender of the plaintiff; address and telephone number of plaintiff
2. Date of accident or incident
3. Education: name of institution, location, years attended, degree or certificate awarded; additional programs or courses taken
4. State of general health of the plaintiff prior to the accident (incident). Before the accident or incident, did plaintiff have an average life expectancy? After the accident or incident, does plaintiff have an average life expectancy? If pre- or post-accident life expectancy is not average, please explain.
5. Does the plaintiff smoke? If so, how much?
6. Does the plaintiff drink alcohol? If so, how much?
7. What is the plaintiff's height and weight? If these have changed since accident or incident, give details.
8. Has the plaintiff ever been convicted of a crime? If so, give details.

Part III. Family Longevity

1. Dates of birth (and dates of death if applicable) of parents and grandparents
2. Dates of birth (and dates of death if applicable) of siblings

Part IV. Employment & Retirement Pension Information

1. Primary occupation and years employed, as well as the prospective occupation (if any)
2. Occupational training received (on-the-job, special training, etc.)
3. Provide information on any earnings from work of the plaintiff for 5 years immediately preceding the accident. Give hard evidence of these earnings by providing copies of tax returns, W-2 forms, or other employer payroll records.
4. Provide information about any fringe benefits provided to the plaintiff arising out of plaintiff's employment.

Checklist for Personal Injury

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5. Provide information about pension income from Social Security, private employers, military, railroad, or any other source of pension income.

Part V. Information About Spouse, Children and Other Dependents

1. Name, date of birth, gender of spouse; date of marriage
2. Education of spouse
3. Employment of spouse
4. State of general health of the spouse. Did the spouse smoke? If so, how much? Did the plaintiff drink alcohol? If so, how much?
5. Names and dates of birth of any children, or any other dependents
6. Did any of the children or other dependents have any health problems? If so, please explain.
7. Did any of the dependents work to help support the household?

Part VI. Household Services Performed

1. Please provide the information on the attached household services checklist.
2. What is the prevailing cost (per hour or per day) of hiring someone in the local labor market to provide the services the plaintiff has lost the capacity to provide or has a reduced capacity to provide?

Part VII. Past and Future Medical Costs and Costs of Care

1. If a computation of past and future medical costs is needed, add information about the amounts for past costs and the quantities and prices of future medical items (e.g., prescription drugs, orthopedic devices, etc.) and services (e.g., future necessary medical procedures such as surgery, physician and skilled nursing services, physical therapy, psychological services, etc.)
2. For a plaintiff who will need substantial long-term assistance in performing the ordinary activities of daily living and medical care, it is recommended that a life-care plan be obtained from a life-care planning professional. Such a plan would serve as an essential ingredient on which my computations of future medical costs and the cost of care would be based.

Part VIII. Information About Person Completing This Questionnaire

1. Name: _____
2. Phone Number: _____
3. Date Questionnaire Completed: _____