Fact-Finding Questionnaire

Wrongful Death of Adult

I. FOR COUNSEL

1. a) Retaining attorney (please print) _____

   b) Name of firm _____

2. Court jurisdiction: ☐ Federal ☐ State

   Court name _____

3. Estimated trial date (if known) _____

4. Deadline for submission of economic appraisal report _____

5. Provide copy of Complaint and Amended Complaint(s).

6. Provide copy of any relevant deposition transcripts and interrogatories, if available.

7. May plaintiff be contacted directly to obtain additional information? If so, please inform your client that we may be contacting him/her and provide us with the telephone number(s)

   _____

   and e-mail address _____.

8. Please have the plaintiff or some other responsible person complete the remainder of this questionnaire. Where helpful, attach explanatory or helpful information or documents.

9. The remainder of this questionnaire has been completed by:

   _____
   Print Name

   Please sign the completed Fact-Finding Questionnaire prior to submitting:

   ""I attest that the facts and statements provided are true."

   _____ _____
   Signature Date

II. PERSONAL INFORMATION REGARDING DECEDENT

1. Full name _____ 2. Gender: ☐ Male ☐ Female

3. Date of birth _____

4. Date of death _____ 5. Date of impairment (if different) _____

6. Residence: Town _____ State _____

7. Educational attainment _____ 8. Year of graduation _____

9. Health during the year before death (or in the time period before impairment) _____

_____

_____

10. Marital status _____

If married, provide spouse's

Name _____ Date of birth _____

Educational attainment _____ Employed before spouse's death? ☐ Yes ☐ No

Employed currently? ☐ Yes ☐ No

Occupation _____ ☐ Full-Time ☐ Part-Time

Health during past year _____

_____

11. List all children and/or other dependents (if any)

Name	Date of birth	City of residence	Health during past year

III. DECEDENT'S EMPLOYMENT & EARNINGS INFORMATION

A. Employment

1. Employed before the time of death? ☐ Yes ☐ No
2. Employment status: ☐ Full-Time ☐ Part-Time
3. Name of employer _____
4. Location: Town _____ State _____
5. Last job title _____ 6. Date of hire _____
7. Average number of hours worked per week a) regular _____ b) overtime _____
8. Union member? ☐ Yes ☐ No Union Name _____

   If a union member, please provide collective bargaining agreements for three (3) years before the death, and through the present time. Also provide statement of number of hours worked each year.
9. Please provide a recent resume or a synopsis of decedent's employment history.

B. Earnings

1. Please provide copies of the following:

- W-2 Wage and Tax Statements for at least three (3) years before and including the year of death
- complete federal income tax returns for at least three (3) years before and including the year of death
- last available year-end pay stub and most recent pay stub prior to death

A complete history of decedent's W-2 earnings can be obtained on-line from the Social Security Administration at http://www.ssa.gov/

To request copies of tax returns, download Internal Revenue Service Form 4506 at http://www.irs.gov/pub/ irs-pdf/f4506.pdf.

2. Annual salary or hourly rate of regular earnings prior to the date of death _____

3. Hourly rate of overtime (if applicable) _____

C. Fringe Benefits

1. Indicate below the fringe benefits (compensation other than money wages) received by decedent from his or her employer prior to the time of death.

PLEASE PROVIDE A COPY OF EMPLOYEE HANDBOOK(S)

Benefit received? Check (Y) Yes or (N) No:	***Employee*** contribution required? Check (Y) Yes or (N) No. **If 'Yes", list amount**:
a. Insurance Plans:	
☐ Y ☐ N Health Insurance	
☐ Family ☐ Individual	☐ Y ☐ N Amount: _____ per _____
☐ Y ☐ N Prescription Coverage	☐ Y ☐ N Amount: _____ per _____
☐ Y ☐ N Dental Insurance	☐ Y ☐ N Amount: _____ per _____
☐ Y ☐ N Eyeglass / Vision Plan	☐ Y ☐ N Amount: _____ per _____

Have decedent's surviving family members incurred or paid for any out-of-pocket medical costs related to the death? Please provide details by family member. Do not include those costs which would normally have been out-of-pocket for the family (for example, deductibles, co-pays, etc.).

_____

_____

_____

Did surviving family members extend health insurance coverage through COBRA or another provider? Please provide details including duration of such benefits and monthly cost.

_____

_____

_____

b. Retirement Benefits: ***Employee*** contribution required?

☐ Y ☐ N Pension Plan ☐ Y ☐ N Amount: _____ per _____

☐ Y ☐ N 401(k) Plan

Employee contribution: _____

Employer contribution: _____

Please provide copy of retirement handbook and description of plan.

Are any family members currently receiving pension payments? If so, provide information regarding from whom, month and year payments began, and current monthly amount being received.

_____

_____

c. Other Benefits: ***Employee*** contribution required?

☐ Y ☐ N Long-Term Disability Insurance ☐ Y ☐ N Amount: _____ per _____

☐ Y ☐ N Other _____ ☐ Y ☐ N Amount: _____ per _____

d. Stock Option Awards (if applicable):

1. Provide copies of all employer-generated stock option award notices that would indicate date of award, issuance price, and vesting schedule.

2. What impact did decedent's death have on outstanding vested and unvested option awards? Was plaintiff forced to exercise previously issued option awards as a result of the death?

3. Provide copies of Settlement Statements related to any stock option awards exercised by the decedent.

4. Would decedent have been eligible to receive stock option awards in subsequent years? Have his/her peers received any awards since the date of death?

IV. SOCIAL SECURITY BENEFITS

1. For Social Security Survivors' 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 member's 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*)

2. Other

V. HOUSEHOLD CHORES / MAINTENANCE

1. Itemize and provide a **comprehensive** description of the household chores/maintenance that had been performed by the decedent. (If needed, attach additional sheets.)

_____

_____

_____

_____

2. Identify the average number of hours per week devoted to each service.

a) Housekeeping _____ hrs per wk
(meal preparation, laundry, doing dishes, vacuuming, ironing, dusting, making beds, shopping, etc.)

b) Home Maintenance _____ hrs per wk
(painting, repairs, renovations, pool maintenance, etc.)

c) Yard Work _____ hrs per wk
(mowing, shrubbery, flower beds, vegetable garden, leaves, snow-clearing, etc.)

d) Finances _____ hrs per wk
(banking, investments, record keeping, paying bills, etc.)

e) Auto Maintenance _____ hrs per wk
(wash, wax, change oil, change tires, minor repairs, complex repairs, etc.)

f) Care to Disabled Spouse/Child _____ hrs per wk

Please describe (if applicable):

_____

_____

g) Other Services _____ hrs per wk

Please describe (if applicable):

_____

_____

3. Did decedent and family own/rent the residence: ☐ Own ☐ Rent ☐ Other _____

4. Type of residence occupied by decedent and family:

☐ apartment ☐ condominium ☐ townhouse ☐ single-family home ☐ multi-family home

☐ mobile home ☐ other _____

VI. AMOUNT & QUALITY OF TIME SPENT WITH SPOUSE (attach additional sheets if needed)

1. Before the death or period of impairment, how much time did decedent spend with his/her spouse during the week and on weekends?

_____

_____

_____

_____

_____

2. What types of activities did decedent and spouse engage in together? What types of interests / hobbies did decedent and spouse share?

3. What types of advice and guidance did decedent provide to his/her spouse? What types of issues did decedent and his/her spouse discuss? (e.g., family matters, financial issues, retirement plans, health matters, career choices, etc.)

4. Please comment on how available the decedent was for his/her spouse. _____

VII. AMOUNT & QUALITY OF TIME SPENT WITH CHILDREN (attach other sheets if needed)

1. How much time did the decedent spend with his/her children during the week and on weekends?

2. What activities did the decedent participate in with the children? What types of interests / hobbies did decedent and his/her children share?

_____

_____

_____

3. What sort of advice and guidance did the decedent provide to his/her children? (e.g., education, family matters, financial issues, health matters, career choices, etc.)

_____

_____

_____

4. Please comment on how available the decedent was for his/her children _____

_____

SEND INFORMATION TO: **SOBEL TINARI ECONOMICS GROUP**

293 Eisenhower Parkway, 2nd Floor

Livingston, NJ 07039

(973) 992-1800 phone

(973) 994-1571 facsimile

www.sobeltinarieconomics.com

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SOBEL TINARI ECONOMICS GROUP