

Fact-Finding Questionnaire

Wrongful Death of Infant / Youth / Single Adult (childless)

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 (if applicable) _____
(please provide test scores, report cards, and educational prospects if an infant or youth)
- 8. Year of graduation (if applicable) _____
- 9. Health during the year before death (or in the time period before impairment) _____

10. Parent information:

- Father _____ Date of birth _____
Educational attainment _____ Employed prior to decedent’s death? Yes No
Occupation _____ Full-Time Part-Time
Health during the year prior to decedent’s death _____
- Mother _____ Date of birth _____
Educational attainment _____ Employed prior to decedent’s death? Yes No
Occupation _____ Full-Time Part-Time
Health during the year prior to decedent’s death _____

11. Siblings and/or other dependents living in household (if any)

| Name | Date of birth | Education | Occupation |
|-------|---------------|-----------|------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

12. 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.

III. DECEDENT'S EMPLOYMENT & EARNINGS INFORMATION (if never employed prior to death, please skip to Section III.C)

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. 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. Educational / Career Plans

1. What were the career / educational goals of the decedent? (if applicable)

IV. AMOUNT AND QUALITY OF TIME SPENT WITH PARENTS (attach additional sheets if needed)

1. How much time did decedent spend with his/her parents during the week and also on weekends?
(Include information regarding holidays and summers.)

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

3. Did decedent's parents or siblings live in the vicinity of their own respective parents?

V. AMOUNT AND QUALITY OF TIME SPENT WITH SIBLINGS (attach additional sheets if needed)

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

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

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