

**Fact-Finding Questionnaire**  
***Wrongful Conviction or Incarceration***

**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. Has a vocational/employability expert been retained in this matter?  Yes  No  
If yes, please identify the name of the expert and when the report may be expected (if not already provided). \_\_\_\_\_
8. 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 appropriate telephone number(s) \_\_\_\_\_  
and e-mail address \_\_\_\_\_.
9. Please have the plaintiff or some other authorized person complete the remainder of this questionnaire. Where helpful, attach explanatory or helpful information or documents.
10. 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**

1. Full name \_\_\_\_\_ 2. Date of birth \_\_\_\_\_

3. Gender:  Male  Female

4 a. Date of arrest \_\_\_\_\_

b. Date of incarceration \_\_\_\_\_

c. Date of conviction \_\_\_\_\_

d. Date of unconditional release \_\_\_\_\_

*(Please provide date of conditional release, if applicable)*

5. Current Residence: Town \_\_\_\_\_ State \_\_\_\_\_

6. a. Health during the year prior to incarceration/conviction

\_\_\_\_\_

b. Current health conditions

\_\_\_\_\_

7. Marital status (include spouse's name and date of birth) \_\_\_\_\_

**III. EDUCATION / VOCATIONAL TRAINING HISTORY**

1 a. Prior to Incident

\_\_\_\_\_

\_\_\_\_\_

Year of graduation / attainment \_\_\_\_\_

b. During Incarceration

\_\_\_\_\_

\_\_\_\_\_

Year of graduation / attainment \_\_\_\_\_

c. After Release

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Year of graduation / attainment \_\_\_\_\_

**IV. EMPLOYMENT & EARNINGS INFORMATION (PRIOR TO INCARCERATION)**

**A. Employment**

1. Name of Employer \_\_\_\_\_

2. Employment status:  Full-Time  Part-Time

3. Location: Town \_\_\_\_\_ State \_\_\_\_\_

4. Date of hire \_\_\_\_\_ 5. Last job title \_\_\_\_\_

6. Last day worked \_\_\_\_\_ 7. Date of last pay \_\_\_\_\_

8. Average number of hours worked per week a) regular \_\_\_\_\_ b) overtime \_\_\_\_\_

**If a substantial amount of overtime pay was received, please provide documents supporting the amount of overtime plaintiff could have expected to receive, such as year-end pay stubs for several years before the incident, or a statement from an employer or union.**

9. Union member?  Yes  No Union Name \_\_\_\_\_

**If a union member, please provide collective bargaining agreements for three (3) years before the incident, and through the present time. Also provide statement of number of hours worked each year.**

10. **Please 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 Wage and Tax Statements and federal income tax returns for three (3) years before the incident and through the present time. If earnings fluctuated over this period, please provide a complete explanation and a total of five (5) years of tax returns. To request copies of tax returns, download Internal Revenue Service Form 4506 at <http://www.irs.gov/pub/irs-pdf/f4506.pdf>. To request a history of Social Security earnings, please create a personal account at <http://ssa.gov/myaccount/>.
2. Yearly salary or hourly rate of regular earnings before the time of incident \_\_\_\_\_
3. Hourly rate of overtime (if applicable) \_\_\_\_\_
4. Indicate below the fringe benefits (compensation other than money wages) received by plaintiff from his or her employer before the time of incarceration or conviction.

**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 Prescription Coverage

Y  N Dental Insurance

Y  N Eyeglass / Vision Plan

Y  N Amount: \_\_\_\_\_ per \_\_\_\_\_

Y  N Amount: \_\_\_\_\_ per \_\_\_\_\_

Y  N Amount: \_\_\_\_\_ per \_\_\_\_\_

Y  N Amount: \_\_\_\_\_ per \_\_\_\_\_

Did plaintiff and/or family members have any out-of-pocket medical costs after the date of incarceration? 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.).

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Did plaintiff extend health insurance through COBRA or another provider after the incarceration or conviction? Please provide details including duration of such benefits and monthly cost.

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**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.

Is plaintiff currently receiving any payments? If so, provide month and year payments began, and current monthly amount being received.

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**c. Other Benefits:**

**Employee contribution required?**

Y  N Life Insurance

Y  N Amount: \_\_\_\_\_ per \_\_\_\_\_

Y  N Long-Term Disability Insurance

Y  N Amount: \_\_\_\_\_ per \_\_\_\_\_

Y  N Other \_\_\_\_\_

Y  N Amount: \_\_\_\_\_ per \_\_\_\_\_

**V. EMPLOYMENT AND EARNINGS SINCE INCARCERATION OR CONVICTION**

**A.** Please describe plaintiff's job search efforts and employment history since being released.

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**B. Employment** (if applicable, attach outline for each interim employer and current employer)

1. Name of Employer \_\_\_\_\_
2. Employment status:  Full-Time  Part-Time
3. Location: Town \_\_\_\_\_ State \_\_\_\_\_
4. Date of hire \_\_\_\_\_ 5. Job Title \_\_\_\_\_
6. Union member?  Yes  No Union Name \_\_\_\_\_
7. Average number of hours worked per week a) regular \_\_\_\_\_ b) overtime \_\_\_\_\_

**C. Earnings (attach recent pay stub)**

1. Yearly salary or hourly rate of regular earnings \_\_\_\_\_
2. Hourly rate of overtime (if applicable) \_\_\_\_\_
3. List all fringe benefits being received in current employment (refer to list on pages 4 and 5).

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4. Please note any differences in current fringe benefits compared to those received at former employer (for example, changes in employer contribution towards 401(k), employee-funded health insurance, etc.).

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

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