

Fact-Finding Questionnaire

Personal Injury 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. Has a vocational/employability expert been retained in this matter? Yes No
If yes, please indicate who the expert is and when the report can 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 telephone number(s)

and e-mail address _____.
9. Please have the plaintiff or some other responsible 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 REGARDING PLAINTIFF

1. Full name _____ 2. Gender: Male Female
3. Date of birth _____ 4. Date of injury _____
5. Residence: Town _____ State _____
6. Educational attainment _____ 7. Year of graduation _____
8. Health during the year before the injury _____

10. Marital status _____

11. If married, provide spouse's

Name _____ Date of birth _____
Educational attainment _____ Employed at time of injury? Yes No
Occupation _____ Full-Time Part-Time
Health during past year _____

12. List all children and/or dependents living in the household (if any)

Name	Date of birth	City of residence	Health during past year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

III. EMPLOYMENT AND EARNINGS BEFORE THE INJURY

A. Employment

1. Employed at time of injury? Yes No
2. Employment status: Full-Time Part-Time
3. Name of Employer _____
4. Location: Town _____ State _____
5. Job title at time of injury _____ 6. Date of hire _____
7. Last day worked _____ 8. Date of last pay _____
9. Average number of hours worked per week a) regular _____ b) overtime _____
10. Union member? Yes No Union Name _____

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

11. Please provide a recent resume or a synopsis of plaintiff's employment history.

B. Earnings Before the Injury

1. Date at which earnings loss begins (if different from date of injury, please explain)

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

A complete history of plaintiff'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>.

3. Annual salary or hourly rate of regular earnings before the time of incident _____
4. Hourly overtime wage rate (if applicable) _____

C. Fringe Benefits

1. Indicate below the fringe benefits (compensation other than money wages) received by plaintiff from his or her employer before the time of injury.

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 _____

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

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 plaintiff extend health insurance through COBRA or another provider after the injury? 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.

Is plaintiff currently receiving any pension benefits? If so, provide 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 plaintiff's injury have on outstanding vested and unvested option awards? Was plaintiff forced to exercise previously issued option awards as a result of his/her injury?

3. Provide copies of Settlement Statements related to any stock option awards exercised by plaintiff just before and after the date of injury.

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

IV. EMPLOYMENT AND EARNINGS SINCE THE INJURY (if none, skip to Section IV.C, p. 7)

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

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

B. Earnings

1. Yearly salary or hourly rate of regular earnings _____
2. Hourly overtime wage rate (if applicable) _____
3. Please provide copies of the following:
 - most recent pay stub (if applicable)
 - W-2 Wage and Tax Statements for any years worked since the injury
 - complete federal income tax returns for any years worked since the injury

4. List all fringe benefits being received in current employment (refer to list on pages 4 and 5).

5. 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.).

C. Future Employability (if not currently working)

1. If applicable, please provide a vocational opinion regarding plaintiff's future employability.
2. If applicable, please provide a medical opinion regarding plaintiff's future employability.
3. Does plaintiff have any residual earnings capacity (for example, part-time employment possible at minimum wage)?

V. SOURCES OF INCOME SINCE PLAINTIFF'S DATE OF INJURY (if applicable)

1. Please list the sources of all income received by plaintiff and dependents after the injury.

2. For Social Security disability 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*)

3. If plaintiff is receiving employer-funded, long-term disability benefits, please provide the date such payments began and the periodic amount received.

VI. HOUSEHOLD CHORES / MAINTENANCE

1. Itemize and provide a **comprehensive** description of the household chores/maintenance performed by plaintiff before and after the injury. (If needed, attach additional sheets.)

a) Before the injury

b) After the injury

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

	<u>Before Injury</u>	<u>After Injury</u>
a) Housekeeping (meal preparation, laundry, doing dishes, vacuuming, ironing, dusting, making beds, shopping, etc.)	_____ hrs per wk	_____ hrs per wk
b) Home Maintenance (painting, repairs, renovations, pool maintenance, etc.)	_____ hrs per wk	_____ hrs per wk
c) Yard Work (mowing, shrubbery, flower beds, vegetable garden, leaves, snow-clearing, etc.)	_____ hrs per wk	_____ hrs per wk

	<u>Before Injury</u>	<u>After Injury</u>
d) Finances (banking, investments, record keeping, paying bills, etc.)	_____ hrs per wk	_____ hrs per wk
e) Auto Maintenance (wash, wax, change oil, change tires, minor repairs, complex repairs, etc.)	_____ hrs per wk	_____ hrs per wk
f) Care to Disabled Spouse/Child Please describe (if applicable):	_____ hrs per wk	_____ hrs per wk

g) Other Services Please describe (if applicable):	_____ hrs per wk	_____ hrs per wk

3. Does any family member require special care and/or assistance for daily living activities? If yes, please explain

4. Does plaintiff own/rent the residence: Own Rent Other _____

5. Type of residence occupied by plaintiff and family:

- apartment condominium townhouse single-family home multi-family home
- mobile home other _____

6. Is plaintiff able to drive? Yes No

7. Does plaintiff require special care and/or assistance for daily living activities? If yes, please explain

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