

**Fact-Finding Questionnaire**  
***Personal Injury of Infant/Youth***

**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 or plaintiff's representative 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 (if applicable) \_\_\_\_\_  
(Please provide test scores, report cards, grades achieved, and educational prospects.)
- 7. Year of graduation (if applicable) \_\_\_\_\_
- 8. Health during the year before injury \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. FAMILY INFORMATION**

- 1. Parent information:
  - a. Father \_\_\_\_\_ Date of birth \_\_\_\_\_  
Educational attainment \_\_\_\_\_ Employed at time of injury:  Yes  No  
Occupation \_\_\_\_\_  Full-Time  Part-Time  
Health during past year \_\_\_\_\_
  - b. Mother \_\_\_\_\_ Date of birth \_\_\_\_\_  
Educational attainment \_\_\_\_\_ Employed at time of injury:  Yes  No  
Occupation \_\_\_\_\_  Full-Time  Part-Time  
Health during past year \_\_\_\_\_

2. Siblings and/or other family members living in household:

Name	Date of birth	Education	Occupation	How Related
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**IV. EMPLOYMENT AND EARNINGS BEFORE THE INJURY (if never employed prior to the injury, please skip to Section IV.D)**

**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 \_\_\_\_\_

**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. List all fringe benefits being received in this employment.

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**D. Educational / Career Plans**

1. What were the career / educational goals of the plaintiff prior to the injury? (if applicable)

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**V. EMPLOYMENT AND EARNINGS SINCE THE INJURY (if none, skip to Section V.C)**

**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 \_\_\_\_\_

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

1. Yearly salary or hourly rate of regular earnings \_\_\_\_\_
2. Hourly overtime wage rate (if applicable) \_\_\_\_\_
3. List all fringe benefits being received in current employment.  
\_\_\_\_\_

**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)?  
\_\_\_\_\_  
\_\_\_\_\_

**VI. 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.

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2. For Social Security disability benefits, please provide the following (*itemized by family member*):

a) Month and year payments started:

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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*)

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

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**VII. HOUSEHOLD CHORES / MAINTENANCE (if applicable)**

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

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b) After the injury

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

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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 (if applicable)?  Yes  No

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

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**SEND INFORMATION TO: SOBEL TINARI ECONOMICS GROUP**  
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**Livingston, NJ 07039**  
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