

## Fact-Finding Questionnaire

### *Personal Injury of Adult - Terminal Illness*

#### 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 impairment \_\_\_\_\_

5. Date of diagnosis (if applicable) \_\_\_\_\_

6. Residence: Town \_\_\_\_\_ State \_\_\_\_\_

7. Educational attainment \_\_\_\_\_ 8. Year of graduation \_\_\_\_\_

9. Health during the year before the impairment \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

10. Marital status \_\_\_\_\_

11. If married, provide spouse's

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Educational attainment \_\_\_\_\_ Employed at time of impairment?  Yes  No

Occupation \_\_\_\_\_  Full-Time  Part-Time

Health during past year \_\_\_\_\_

\_\_\_\_\_

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

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

### III. EMPLOYMENT AND EARNINGS BEFORE THE IMPAIRMENT

#### A. Employment

1. Employed at time of impairment?  Yes  No
2. Employment status:  Full-Time  Part-Time
3. Name of Employer \_\_\_\_\_
4. Location: Town \_\_\_\_\_ State \_\_\_\_\_
5. Job title at time of impairment \_\_\_\_\_ 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 impairment, 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 Impairment

1. Date at which earnings loss begins (if different from date of impairment, 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 impairment
  - complete federal income tax returns for at least three (3) years before and including the year of impairment
  - last available year-end pay stub and most recent pay stub prior to impairment

*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 impairment \_\_\_\_\_
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 impairment.

**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:**

- |  |   |
|--|---|
| <input type="checkbox"/> Y <input type="checkbox"/> N Health Insurance       | <input type="checkbox"/> Y <input type="checkbox"/> N Amount: _____ per _____ |
| <input type="checkbox"/> Family <input type="checkbox"/> Individual          |   |
| <input type="checkbox"/> Y <input type="checkbox"/> N Prescription Coverage  | <input type="checkbox"/> Y <input type="checkbox"/> N Amount: _____ per _____ |
| <input type="checkbox"/> Y <input type="checkbox"/> N Dental Insurance       | <input type="checkbox"/> Y <input type="checkbox"/> N Amount: _____ per _____ |
| <input type="checkbox"/> Y <input type="checkbox"/> N Eyeglass / Vision Plan | <input type="checkbox"/> Y <input type="checkbox"/> N Amount: _____ per _____ |

Did plaintiff and/or family members have any out-of-pocket medical costs after the date of impairment? 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 continue health insurance through COBRA or obtain coverage through another provider after the impairment? Please provide detailed description of the current source and monthly cost of health insurance. \_\_\_\_\_

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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 to 401(k) (dollar amount / percentage): \_\_\_\_\_

*Employer* contribution to 401(k) (dollar amount / percentage): \_\_\_\_\_

**Please provide copy of retirement handbook and description of plan.**

**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 impairment have on outstanding vested and unvested option awards?

Was plaintiff forced to exercise previously issued option awards as a result of his/her impairment?

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

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 impairment? \_\_\_\_\_

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**IV. EMPLOYMENT AND EARNINGS SINCE IMPAIRMENT** (if none, skip to Section V)

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

1. Employed since the date of impairment?  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 impairment
  - complete federal income tax returns for any years worked since the impairment

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

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

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**V. SOURCES OF INCOME SINCE PLAINTIFF’S DATE OF IMPAIRMENT (if applicable)**

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

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2. Social Security Benefits

If a family member is receiving Social Security Retirement or Disability benefits, please provide the following information (*itemized by family member*):

Name	Type of Benefit	Month and Year Payments Started	Current Monthly Amount
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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

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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4. Other Retirement Benefits

If plaintiff is currently receiving retirement payments, such as a pension benefit, please provide the following information:

Source of Benefit	Month and Year Payments Started	Current Monthly Amount	Percentage Amount of Survivor Benefit (if applicable)



**VI. HOUSEHOLD CHORES / MAINTENANCE**

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

a) Before the impairment

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b) After the impairment

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

	<u>Before Impairment</u>	<u>After Impairment</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 Impairment</u>	<u>After Impairment</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, other than the plaintiff, require special care and/or assistance for daily living activities? If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Does plaintiff own/rent the residence:  Own  Rent  Other \_\_\_\_\_

6. Type of residence occupied by plaintiff and family:

apartment  condominium  townhouse  single-family home  multi-family home

mobile home  other \_\_\_\_\_

7. Is plaintiff able to drive?  Yes  No

**VII. TIME SPENT WITH SPOUSE (attach additional sheets if needed)**

1. Before the impairment, how much time did plaintiff spend with his/her spouse during the week and on weekends?

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2. What types of activities did plaintiff and spouse engage in together prior to the impairment? What types of interests / hobbies did plaintiff and spouse share?

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

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4. Please comment on how available the plaintiff was for his/her spouse, prior to the impairment.

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**VIII. TIME SPENT WITH CHILDREN (attach other sheets if needed)**

1. Prior to the impairment, how much time did the plaintiff spend with his/her children during the week and on weekends? (Please provide specific details for each child.)

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2. What activities does the plaintiff participate in with the children? What types of interests / hobbies do plaintiff and his/her children share? (Please provide specific details for each child.)

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3. What sort of advice and guidance does the plaintiff provide to his/her children? (e.g., education, family matters, financial issues, health matters, career choices, etc.) (Please provide specific details for each child.)

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4. Please comment on how available the plaintiff was for his/her children, prior to the impairment.

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**IX. TIME SPENT WITH GRANDCHILDREN**

1. Please list grandchildren (if applicable)

Name	Date of birth	City of residence	Health during past year
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2. Prior to the impairment, how much time did the plaintiff spend with his/her grandchildren during the week and on weekends? (Please provide specific details for each grandchild.)

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2. What activities does the plaintiff participate in with the grandchildren? What types of interests / hobbies do plaintiff and his/her grandchildren share? (Please provide specific details for each grandchild.)

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3. What sort of advice and guidance does the plaintiff provide to his/her grandchildren? (e.g., education, family matters, financial issues, health matters, career choices, etc.) (Please provide specific details for each grandchild.) \_\_\_\_\_

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4. Please comment on how available the plaintiff was for his/her grandchildren, prior to the impairment.

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

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