

# ECONOMIC LOSS QUESTIONNAIRE AND CASE BACKGROUND INFORMATION

## PERSONAL INJURY

Please fill out the information as completely as you can and return it along with supporting documents to my office:

Gary Skoog, PhD.  
Legal Econometrics, Inc.  
1527 Basswood Circle  
Glenview, Illinois 60025

The items to be sent include:

- a copy of the most recent complaint
- interrogatory responses
- this filled in questionnaire
- plaintiff's (and spouse's) depositions, if taken
- any vocational rehabilitation reports
- any life care planning reports
- any functional capacity evaluations or reports
- any medical opinions or restrictions
- pre-accident and post-accident income tax returns with supporting schedules and W-2's
- Social Security Earnings history (described below)

If a union worker:

- historical wage and fringe benefit schedules
- hours history from pension fund trustees
- SPD (summary plan description) from pension fund trustees
- SPD (summary plan description) from health and welfare plan
- most recent actuarial valuation, from pension fund trustees

While many of these items may be filled in by a paralegal, it is important that the attorney be the source of the information in part A, question 18 below.

You may have downloaded this questionnaire as either a Microsoft Word file or a PDF file. If using Microsoft word, you may print over and eliminate the horizontal spaces (“\_\_\_\_\_”) which I have inserted below to indicate place where an answer is desired. (There is no need to reproduce the underlines your responses.) Please include a printout of this file with the materials above; please also e-mail your Word document to me as an attachment at: [gskoog@umich.edu](mailto:gskoog@umich.edu).

If you downloaded this file as a PDF file, please write in by hand your responses. You then may include the form with the other materials.

Many law offices are routinely scanning in materials. If any or all of the items are available in scanned PDF files, I would appreciate receiving them as e-mail attachments *in addition to* the hard copy you will send.

One of the key calculations involves establishing plaintiff's earning capacity at the time of accident. Your client's earning history may be summarized by his or her Social Security Statement, sent annually by the Social Security Administration. Page 3 of this 4 page document contains "Your Earnings Record at a Glance," a complete history of W-2 earnings reported. If the plaintiff does not have his or her copy, this document may be requested, and a copy produced while waiting, by having the plaintiff visit the nearest Social Security office.

Work proceeds most smoothly if you gather all of the information and send everything at once. Some of the items may take some time to produce, so start early. This completed form will become a part of my file, and I may either use the information contained here or combine or substitute data from national averages or other sources, including primary documents. Please take care in completing this form, and call or preferably e-mail me if you have any questions. Finally, please leave blank any part of this form which you feel is inapplicable, not available, or constitutes attorney work product.

#### A. CASE DATA

##### 1. Attorney(s) for Plaintiff

Name \_\_\_\_\_  
Firm Name \_\_\_\_\_  
Address Line 1 \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_  
FAX \_\_\_\_\_  
e-mail \_\_\_\_\_

##### 2. Attorney(s) for Defendants (up to 4 provided here; may provide service list)

Name \_\_\_\_\_  
Firm Name \_\_\_\_\_  
Address Line 1 \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_  
FAX \_\_\_\_\_  
e-mail \_\_\_\_\_

Name \_\_\_\_\_  
Firm Name \_\_\_\_\_  
Address Line 1 \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_  
FAX \_\_\_\_\_  
e-mail \_\_\_\_\_

Name \_\_\_\_\_  
Firm Name \_\_\_\_\_  
Address Line 1 \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_  
FAX \_\_\_\_\_  
e-mail \_\_\_\_\_

Name \_\_\_\_\_  
Firm Name \_\_\_\_\_  
Address Line 1 \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_  
FAX \_\_\_\_\_  
e-mail \_\_\_\_\_

3. Case Name or Citation \_\_\_\_\_

4. Court Number \_\_\_\_\_

5. Jurisdiction (County and State or Federal District) \_\_\_\_\_

Location of Courthouse \_\_\_\_\_

6. Judge (if known) \_\_\_\_\_

7. Date and Name of Person Filling in This Form \_\_\_\_\_

8. Attorney(s) for Whom This Opinion Is Prepared \_\_\_\_\_

9. Is a Written Report Desired? \_\_\_\_\_

10. Estimated or Known Date Trial to Begin \_\_\_\_\_

(If unknown, please estimate; this is used for purposes of breaking

losses into pre-trial and post-trial components.)

11. Estimated or Known Date of My Testimony \_\_\_\_\_

(If unknown, please estimate, and keep me updated; this is used to ensure my live testimony and to avoid conflicts.)

12. Time Frame for Deposition, if Relevant \_\_\_\_\_

13. Deadlines: Discovery End Date \_\_\_\_\_ Report Date \_\_\_\_\_

14. Names and Deponents to be Reviewed, e.g. plaintiff, plaintiff's spouse, treating physician, etc.

Deposition 1 (Name, Relation to case, date of deposition) \_\_\_\_\_

Deposition 2 (Name, Relation to case, date of deposition) \_\_\_\_\_

Deposition 3 (Name, Relation to case, date of deposition) \_\_\_\_\_

Deposition 4 (Name, Relation to case, date of deposition) \_\_\_\_\_

(If you have summaries of depositions, I would appreciate receiving a copy, although many attorneys do not like to include these. Include them only if they do not divulge your theory of the case or strategy.)

If you have these depositions or summaries in electronic format, I would appreciate receiving a copy in that format, as an e-mail attachment, as well as in hard copy with the other materials.

15. Other Experts in Case Presenting Related Testimony:

Medical experts \_\_\_\_\_

Vocational experts \_\_\_\_\_

Life care planning experts \_\_\_\_\_

16. Opposing Experts (if Known)

Medical experts \_\_\_\_\_

Vocational experts \_\_\_\_\_

Life care planning experts \_\_\_\_\_

Economics experts \_\_\_\_\_

17. Has the plaintiff reached maximum medical improvement (“MMI”), or are additional medical procedures contemplated? \_\_\_\_\_  
If additional procedures are contemplated, when is MMI likely? \_\_\_\_\_

18. Legal Parameters (Constraints) to Be Observed

Various courts or statutes may suggest or require the economist to perform calculations differently than he otherwise would. I have indicated below a few areas, and placed in parentheses my understanding of the law. Please review these, indicate any differences, and add any areas I may have overlooked, especially if the jurisdiction is different from Illinois or Federal District Court. I would appreciate case cites and copies where relevant.

Pre-Judgment Interest \_\_\_\_\_  
(No in Illinois )

Federal Income Taxation \_\_\_\_\_  
(No in Illinois, but yes in FELA, Jones Act  
and other tort cases in Federal District Court)

Method of Discounting/Statutory Interest Rates \_\_\_\_\_  
(No current restrictions)

Statutory Mortality Tables \_\_\_\_\_  
(No current restrictions)

**B. DEMOGRAPHIC DATA OF PLAINTIFF OR SUBJECT**

1. Name(s) of Plaintiff \_\_\_\_\_

2. Address of Plaintiff \_\_\_\_\_

Telephone Number(s) of Plaintiff \_\_\_\_\_

If the information on this form is incomplete and the plaintiff is your client, may I contact him or her for follow-up? \_\_\_\_\_

County of Residence of Plaintiff \_\_\_\_\_

3. Date of Accident \_\_\_\_\_

4. Nature of Accident and Injury – Description \_\_\_\_\_

Are the Injuries Temporary or Permanent? \_\_\_\_\_

Whose testimony Will Be Relied On to Establish This? \_\_\_\_\_

Is Earnings Loss Total or Partial? \_\_\_\_\_

Whose testimony Will Be Relied On to Establish This? \_\_\_\_\_

5. Location of Accident \_\_\_\_\_

6. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

7. Race \_\_\_\_\_ Sex \_\_\_\_\_ U.S. Citizen? \_\_\_\_\_

8. Educational History(names of schools attended and dates, whether graduated)

elementary school \_\_\_\_\_ begin \_\_\_\_\_ end \_\_\_\_\_ years \_\_\_\_\_ graduate? \_\_\_\_\_

high school \_\_\_\_\_ begin \_\_\_\_\_ end \_\_\_\_\_ years \_\_\_\_\_ graduate? \_\_\_\_\_ GED? \_\_\_\_\_

college \_\_\_\_\_  
begin \_\_\_\_\_ end \_\_\_\_\_ graduate? \_\_\_\_\_ major \_\_\_\_\_ degree \_\_\_\_\_

post graduate \_\_\_\_\_  
begin \_\_\_\_\_ end \_\_\_\_\_ graduate? \_\_\_\_\_ major \_\_\_\_\_ degree \_\_\_\_\_

vocational or trade school \_\_\_\_\_  
begin \_\_\_\_\_ end \_\_\_\_\_ graduate? \_\_\_\_\_ trade \_\_\_\_\_ journeyman? \_\_\_\_\_

9a. Date Wage Loss Began (or Would Have Begun) \_\_\_\_\_

Note: if Wage Loss Date different from the Accident Date, please explain the circumstances, e.g. took medical leave, attempted return to work, dismissed from light duty, etc.

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9b. Did the plaintiff work in the year(s) of the accident and in any years thereafter in the pre-accident occupation? \_\_\_\_ If so, what periods were worked? \_\_\_\_\_ When was the final date worked? What is the basis for the claim that plaintiff will need no longer be able to work in the customary occupation?

10. Marital and Family Status

Current Marital Status: (Married, Single, Divorced, Widowed & Date)

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Name of Spouse \_\_\_\_\_ Date of Birth of Spouse \_\_\_\_\_

Occupation of Spouse \_\_\_\_\_

Children With Spouse: Name Date of Birth Sex Living at Home?

Child 1: \_\_\_\_\_

Child 2: \_\_\_\_\_

Child 3: \_\_\_\_\_

Child 4: \_\_\_\_\_

Child 5: \_\_\_\_\_

**Only if Marital Status at Accident Date was different from current marital status above, please fill in the lines immediately below reflecting**

Accident Date Status: Married, Single, Divorced, Widowed & Date \_\_\_\_\_

Name of Spouse \_\_\_\_\_ Date of Birth of Spouse \_\_\_\_\_

Occupation of Spouse \_\_\_\_\_

Children With Spouse: Name Date of Birth Sex Living at Home?

Child 1: \_\_\_\_\_

Child 2: \_\_\_\_\_

Child 3: \_\_\_\_\_

Child 4: \_\_\_\_\_

Child 5: \_\_\_\_\_

C. HEALTH AND HABITS

I. Before the Accident

1. Health \_\_\_\_\_

2. Weight \_\_\_\_ Height \_\_\_\_ Cigarette Use? \_\_\_\_\_ Alcohol Use? \_\_\_\_\_

3. Police Record: as Juvenile? \_\_\_\_\_ As Adult? \_\_\_\_\_

- 4. Significant Illnesses, Accidents, Drug Use \_\_\_\_\_
- 5. Hospitalizations \_\_\_\_\_
- 6. Other Ways in Which Subject May Be Significantly Different From the general U.S. population \_\_\_\_\_

II. After the Accident

- 1. Health \_\_\_\_\_
- 2. Weight \_\_\_ Height \_\_\_ Cigarette Use? \_\_\_\_\_ Alcohol Use? \_\_\_\_\_
- 3. Police Record: as Juvenile? \_\_\_\_\_ As Adult? \_\_\_\_\_
- 4. Significant Illnesses, Accidents, Drug Use \_\_\_\_\_
- 5. Hospitalizations \_\_\_\_\_
- 6. Other Ways in Which Subject May Be Significantly Different From the general U.S. Population \_\_\_\_\_
- 7. Functional Limitations on Future Employability (i.e. lifting, bending, sitting restrictions; cf. D.9 below)

Has a physician said plaintiff cannot continue in the job or occupation held at the date of injury? \_\_\_\_\_  
 Name of Physician \_\_\_\_\_  
 Where is this opinion given? \_\_\_\_\_ (e.g. report, p. 2; deposition, p. 32)

D. ECONOMIC DATA OF PLAINTIFF OR SUBJECT

- 1. Job Description or Title at Date of Accident \_\_\_\_\_
- 2. Job Description or Title(s) Post Accident, if any \_\_\_\_\_

If plaintiff has not gone back to work, please indicate why. What has plaintiff been doing since the accident.

In the rest of the year of the accident \_\_\_\_\_  
 In the first year following the accident, if any \_\_\_\_\_



In any additional years \_\_\_\_\_

3. Job History: Years, Employers, and Jobs

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

4. Secondary Employment and Income, if any

\_\_\_\_\_

5. Wage and Income History For Several Years Pre-Accident and All Post-Accident Years.

Please summarize here and provide copies of the underlying W-2 and Income Tax Returns.

\_\_\_\_\_

In the comments, please note any reasons a year was exceptionally high or low, e.g. time was missed due to a previous injury, strike, or layoff; temporary overtime; a spell of unemployment and reason, etc. If plaintiff did not work in some years, enter a 0, and indicate why, e.g. had an operation and recovering, work hardening, unable to work per physicians, orders, etc.

\_\_\_\_\_

\_\_\_\_\_

Year	Plaintiff's Income	Hourly Rate	Hours Worked	Job Title	Comments
2012	_____	_____	_____	_____	_____
2011	_____	_____	_____	_____	_____
2010	_____	_____	_____	_____	_____
2009	_____	_____	_____	_____	_____
2008	_____	_____	_____	_____	_____
2007	_____	_____	_____	_____	_____
2006	_____	_____	_____	_____	_____
2005	_____	_____	_____	_____	_____
2004	_____	_____	_____	_____	_____
2003	_____	_____	_____	_____	_____
2002	_____	_____	_____	_____	_____

6. Please check all fringe benefits for which the employer contributed:

health insurance \_\_\_ retirement pension \_\_\_ dental insurance \_\_\_\_\_  
life insurance \_\_\_ profit sharing \_\_\_ savings and thrift \_\_\_ vision care \_\_\_\_\_  
disability insurance \_\_\_ bonuses \_\_\_ employee meals & discounts \_\_\_\_\_  
paid leave for: vacations \_\_\_ holidays \_\_\_ sick leave \_\_\_ other leave \_\_\_\_\_  
premium pay \_\_\_ shift pay \_\_\_ nonproduction bonuses \_\_\_ other \_\_\_\_\_

7. This question asks, for those fringe benefit items plaintiff received in 6., how much per hour, or per week or per month the *employer* contributed.

For union members, this information is available in collective bargaining agreements, and is often summarized in charts prepared by business agents; attorneys representing plaintiffs, please try to obtain this information by having your client contact his business agent.

For non-union employees, the employer’s HR (human resources) person may have costs per hour or other time unit; defense attorneys please try to obtain these costs from this source.

health insurance \_\_\_\_\_ retirement pension \_\_\_\_\_  
dental insurance \_\_\_\_\_ life insurance \_\_\_\_\_  
profit sharing \_\_\_\_\_ savings and thrift \_\_\_\_\_  
vision care \_\_\_\_\_ disability insurance \_\_\_\_\_  
bonuses \_\_\_\_\_ employee meals & discounts \_\_\_\_\_  
paid leave: vacations \_\_\_\_\_ holidays \_\_\_\_\_  
sick leave \_\_\_\_\_ other leave \_\_\_\_\_  
premium pay \_\_\_\_\_ shift pay \_\_\_\_\_  
non-production bonuses \_\_\_\_\_ other \_\_\_\_\_

8. Was the subject a member of a union? If so:

Name \_\_\_\_\_ Local Number \_\_\_\_\_  
Address \_\_\_\_\_ Annual Union Dues \_\_\_\_\_  
City, State Zip \_\_\_\_\_  
Name of business agent \_\_\_\_\_  
Telephone Number of Business Agent \_\_\_\_\_  
Web address \_\_\_\_\_

8a. Please include copies of union contracts and fringe benefits for the period preceding

the accident to the trial date, as well as descriptions of the pension and health care plan. This information would be helpful and should be requested by the member (or the plaintiff's attorney); alternatively, the defendant's attorney will need to subpoena this information from the union's business office.

8b. The union, most likely through the pension fund's trustees, can generally furnish records of the hours credited to the plaintiff and paid for by the employer on a monthly and annual basis. This information would be helpful and should be requested by the member (or the plaintiff's attorney); alternatively, the defendant's attorney will need to subpoena this information and that mentioned in 8c. and 8d. from the union trustees.

8c. Also request a Summary Plan Description ("SPD") for the pension plan and, if the plaintiff is receiving disability payments from the fund a copy of the calculations which were used to make that determination.

8d. Finally from the pension trustees, request a copy of the most recent actuarial report, and, if available, a ten year old actuarial report. This will contain average hours and other information.

9. Will subject be able to return to the previous occupation?

Why or why not? \_\_\_\_\_ If so, when? \_\_\_\_\_

If not, will the plaintiff be able to obtain other employment? \_\_\_\_\_

What kind of employment? \_\_\_\_\_ When? \_\_\_\_\_

What is the basis of this supposition? \_\_\_\_\_

If there are no firm bases for answers to the 6 questions immediately above, for purposes of this report, should I hypothetically assume that the plaintiff will be able to obtain minimum wage employment? \_\_\_\_\_

If so, starting when? \_\_\_\_\_ at the projected trial date? \_\_\_\_\_

10. Has the plaintiff filed for Social Security disability income? \_\_\_\_\_

If so, what was the outcome? \_\_\_\_\_

Is the case on appeal? \_\_\_\_\_

11. Do you wish to include a claim for, and have me evaluate, some loss of household services? \_\_\_\_\_

(Many attorneys do not want these evaluated; if you do not want these evaluated, just leave the rest of this question blank.)

Please answer this question only if a claim should be computed for an economic loss in this regard. This is not advisable in all cases, and should only be included where the loss is credible and demonstrable.

Please list the in **hours per week** for each task before and after the accident below. Many entries may be 0, and sometimes more time may be spent after the accident, either because of a re-structuring of tasks between husband and wife, or because some tasks take more time.

	Hours Per Week Before	Hours Per Week After
household finances	_____	_____
automobile maintenance	_____	_____
household repairs	_____	_____
remodeling/renovating	_____	_____
driving on errands	_____	_____
snow removal	_____	_____
inside painting	_____	_____
outside painting	_____	_____
shopping	_____	_____
chauffeur family	_____	_____
laundrying	_____	_____
cooking	_____	_____
washing dishes	_____	_____
ironing clothes	_____	_____
cleaning house	_____	_____
child care	_____	_____
other (please list)	_____	_____

12. Are future medical or life care costs to be included in addition to the wage/earning capacity losses? \_\_\_\_\_

If a life care plan is involved, please have the life care planner include separately each item, whether it is a good (like a wheelchair or drugs) or a service (e.g. psychiatrist visits) and its current unit cost, as well as its frequency and annualized cost.

If future medical costs such as operations are to be evaluated please list the items to be included, when they will be incurred (e.g., knee replacement in 10 years), and the current costs.