

ECONOMIC LOSS QUESTIONNAIRE AND CASE BACKGROUND INFORMATION

WRONGFUL DEATH

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.
324 Bay Tree Circle
Vernon Hills, Illinois 60061

The items to be sent include:

- a copy of the most recent complaint
- interrogatory responses
- this filled in questionnaire
- plaintiff's spouse's deposition, if taken
- 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
- most recent actuarial valuation, from pension fund trustees

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.

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's spouse 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 3 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 Filing 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 _____

16. Opposing Experts (if Known)

Medical experts _____

Vocational experts _____

Economics experts _____

17. 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 FEOLA, 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)

Should the spouse's income be factored into the analysis? _____

What is the legal basis for your answer – (case law is often open in this regard)

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 _____

3a. Date of Accident _____

3b. Date of Death _____

4. Nature of Accident and Injury – Description _____

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 _____ graduate? _____

high school _____ begin _____ end _____ graduate? _____

college _____
begin _____ end _____ graduate? _____ major _____ degree _____

post graduate _____
begin _____ end _____ graduate? _____ major _____ degree _____

vocational or trade school _____
begin _____ end _____ graduate? _____ trade _____ journeyman? _____

9. Date Wage Loss Began (or Would Have Begun) _____

Note: if Wage Loss Date different from the Accident Date, please explain the circumstances, e.g. paid for a period of time following death, etc.

10. Marital and Family Status

Marital Status at Death Date: Married, Single, Divorced, Widowed & Date)

Name of Spouse _____ Date of Birth of Spouse _____

Occupation of Spouse _____ Income 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

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 _____

D. ECONOMIC DATA OF PLAINTIFF OR SUBJECT

1. Job Description or Title at Date of Accident _____

2. Job History: Years, Employers, and Jobs

3. Secondary Employment and Income, if any

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

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.

Year	Plaintiff's Hourly		Hours Worked	Job Title	Comments
	Income	Rate			
2019	_____	_____	_____	_____	_____
2018	_____	_____	_____	_____	_____
2017	_____	_____	_____	_____	_____
2016	_____	_____	_____	_____	_____
2015	_____	_____	_____	_____	_____
2014	_____	_____	_____	_____	_____
2013	_____	_____	_____	_____	_____
2012	_____	_____	_____	_____	_____
2011	_____	_____	_____	_____	_____
2010	_____	_____	_____	_____	_____
2009	_____	_____	_____	_____	_____

Year	Spouse's Hourly		Hours Worked	Job Title	Comments
	Income	Rate			
2019	_____	_____	_____	_____	_____
2018	_____	_____	_____	_____	_____
2017	_____	_____	_____	_____	_____
2016	_____	_____	_____	_____	_____
2015	_____	_____	_____	_____	_____
2014	_____	_____	_____	_____	_____
2013	_____	_____	_____	_____	_____
2012	_____	_____	_____	_____	_____
2011	_____	_____	_____	_____	_____
2010	_____	_____	_____	_____	_____
2009	_____	_____	_____	_____	_____

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