

BERNARD F. PETTINGILL JR., PH.D.
CONSULTING ECONOMIST

• **Please return completed form to** •
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CHECKLIST FOR ECONOMIC EVALUATION -- PERSONAL INJURY[©]

Please provide Date & Time (Skype or Go to Meeting Video Conference) if possible

Date: ____/____/____ **Time:** ____:____

Skype: (E-Mail to Add): _____

Go to Meeting: (E-Mail to Invite) _____

Please call for additional details or assistance.

Date: ____/____/____

Telephone Contact: (Attorney / Paralegal) _____

(Client or Family Representative): _____

1. Name of Injured: _____

A. Male Female B. White Black

Type of Injury: _____

Does injured have a terminal disease? (Yes) (No) If yes, enter projected death date ____/____/____

Limitation declared by DOCTOR: _____%

Spouse: _____ Male / Female Date of Birth ____/____/____

Children: _____ Male / Female Date of Birth ____/____/____

Children: _____ Male / Female Date of Birth ____/____/____

Children: _____ Male / Female Date of Birth ____/____/____

2. A. Client Birth Date ____/____/____

B. Client Injury/Accident Date ____/____/____

C. Client Mediation/Arbitration Date ____/____/____

D. Client Trial Date ____/____/____

3. A. Educational Attainment (Years Completed)
Elementary____ High School____ College____ Post College____ Vocational____

B. Diploma, Certificate and/or Degrees Completed: _____

4. A. Job Title at Accident/Injury _____

B. Employer's Name at Injury Date _____

C. Nature of Work (Briefly Describe) _____

D. Opportunity for Advancement/Promotion

(Normal) (Special - Explain) _____

E. Self Employed? (Yes) (No)

F. Returned to Work? (Yes) (No) If yes enter date: ____/____/____

G. Company Retirement Age _____

5. Earning History and Records: Please provide earnings records for five (5) years, and attach income tax records-1040, wage statements-W2's.

A. Pre-Accident/Injury

Employer	Annual Earnings	Dates (From/To)
_____	_____	_____
_____	_____	_____

B. Post-Accident/Injury
 Employer Annual Earnings Dates (From/To)

C. If working today in pre-accident/injury position, provide current rate of pay?

D. If union contract employee, please supply copies of contracts pre and post injury/accident.

6. Fringe Benefits

Specify amount paid by employer (annually) on behalf of injured employee:

	Pre-Injury/Accident	Post
1. Group Health/Hospitalization Insurance	\$ _____	\$ _____
2. Life Insurance	\$ _____	\$ _____
3. Retirement Plan (401K, IRA, or other)	\$ _____	\$ _____
4. Stock Options	\$ _____	\$ _____
5. Social Security	\$ _____	\$ _____
6. Workman's Compensation	\$ _____	\$ _____
7. Vacation	\$ _____	\$ _____
8. Sick Pay	\$ _____	\$ _____
9. Other (explain)	\$ _____	\$ _____

7. Household Services: Kindly specify number of hours per (week):

	Pre-Injury/Accident	Post
1. Cleaning	_____ hrs.	_____ hrs.
2. Laundry	_____ hrs.	_____ hrs.
3. Cooking	_____ hrs.	_____ hrs.
4. Shopping	_____ hrs.	_____ hrs.
5. Auto Maintenance	_____ hrs.	_____ hrs.
6. Painting/Decorating	_____ hrs.	_____ hrs.
7. Household Repairs	_____ hrs.	_____ hrs.
8. Family Bookkeeping	_____ hrs.	_____ hrs.
9. Babysitting	_____ hrs.	_____ hrs.
10. Driving Services	_____ hrs.	_____ hrs.
11. Lawn/Yard Care	_____ hrs.	_____ hrs.
12. Other - ADL's (specify)	_____ hrs.	_____ hrs.

8. Future Medical Maintenance Expenses

(Please attach Life Care Plan or Continuation of Care Plan if available - or - complete below)

Type of Care	Dollars per Year
A. Physician Services	\$ _____
B. Medications/Over-the-Counter Drugs	\$ _____
C. Equipment and Supplies	\$ _____
D. Hospitalizations	\$ _____
E. Surgeries (Please specify)	\$ _____
F. Other	\$ _____

9. If injured was not employed or a minor, please attach the school records and information regarding education and/or work experience of parents (years of schooling and degrees/certificates).

10. Other Considerations:

Please include any of the following records if possible.

1. Interrogatories
2. Deposition transcripts of parties
3. Fringe benefit booklets
4. Retirement booklets
5. Other relevant documents as needed/specified