
CASE SUMMARY**GENERAL INFORMATION**

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400 Cornerstone Drive Suite 310, PO Box 1660 Williston, Vermont 05495 (802)878-0346 Fax: (802)878-0876

GENERAL INSTRUCTIONS

This form is provided to facilitate Economic & Policy Resources' economic assessment of your case. Please complete the information below and the sections attached and return to EPR along with the additional requested file documentation. Please identify any information that is to be considered "Attorney work product" by marking on the cover sheet.

CASE INFORMATION

Case Reference: _____ v. _____

Court of Jurisdiction: _____

Tried under the laws of the state of: _____

Subjects Name: _____ Date of Accident/Action: _____

Subject is: (circle one) Plaintiff Defendant Type of Action: Personal Injury Wrongful Death Other

Brief Description of Case: _____

ATTORNEY INFORMATION

Lead Attorney: _____

Name of Firm: _____

Address: _____

City, State & Zip: _____

Telephone # : _____ Fax: _____

Case Schedule: _____

Form Completed by: _____ Phone# : _____ Ext#: _____

OTHER

The forms checked below are enclosed. They should be completed and returned with this cover sheet.

- (X) BIOGRAPHICAL DATA
(X) EMPLOYMENT HISTORY
(X) ADDITIONAL INFORMATION

Also include:
(X) SPOUSE'S INFORMATION REQUEST
(if applicable)

SUBJECT'S BIOGRAPHICAL DATA

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CASE REFERENCE:

v.

INSTRUCTIONS

Complete the following line items. Please attach additional pages as necessary. Please complete the Spouse's Information Request page if applicable.

Subject's Name: _____ Gender: _____ Race: _____

DOB: _____ Occupation: _____

Place of Residence: _____

Educational Attainment (circle grade level last completed): 9 10 11 12 GED COL 1 2 3 4 5 6 Grad Yr _____

Marital Status: _____ Spouse Name: _____

Date of Marriage: _____ Spouse DOB: _____

If wrongful death, date of death: _____

SURVIVING DEPENDENTS

Name:	DOB:	Relationship:	Dependent:	Living in Household:
_____	_____	_____	Yes/No	Yes/No
_____	_____	_____	Yes/No	Yes/No
_____	_____	_____	Yes/No	Yes/No
_____	_____	_____	Yes/No	Yes/No

HOUSEHOLD STATUS

Did the subject maintain a household prior to the accident? _____ Yes/No

If a personal injury, does the subject currently maintain a household? _____ Yes/No

Has the injury changed the manner in which the household is maintained? _____ Yes/No

Does the injury currently affect the subject's ability to maintain the household? _____ Yes/No

SUBJECT'S GENERAL HEALTH

Smoker? _____ Yes/No Amount per day: _____

Year subject quit smoking: _____

Does the subject have a history of heart disease? _____ Yes/No Date of Diagnosis: _____

Date of last episode: _____ Are medications taken? _____ Yes/No

Does subject have a history of Diabetes? _____ Yes/No Date of Diagnosis: _____

Type of Diabetes: _____ Type 1/ Type 2 Controlled by: _____ diet/medication/insulin

Pre-existing chronic health conditions:

Please indicate any of the subject's disabilities, illnesses, dependencies, etc. that may be relevant to the case.

INJURY INFORMATION (for personal injury cases only)

Type of Accident/Injury: _____

Nature of Injury: _____

Was the subject hospitalized due to injury? _____ Yes/No

Since the injury has the subject received medical or rehabilitative care? _____ Yes/No

Is the subject currently receiving medical or rehab. care? _____ Yes/No

SUBJECT'S EMPLOYMENT HISTORY

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CASE REFERENCE: _____ v. _____

INSTRUCTIONS

Detail Subject's past 10 years of work history. Begin with most recent employer. Add additional pages if necessary.

SELF EMPLOYMENT DATA

Company Name: _____

Occupational Title: _____

Year company started: _____

Net profits for the last 5 years:

Year: _____	Net Revenues\$: _____	Net Profit\$: _____
Year: _____	Net Revenues\$: _____	Net Profit\$: _____
Year: _____	Net Revenues\$: _____	Net Profit\$: _____
Year: _____	Net Revenues\$: _____	Net Profit\$: _____
Year: _____	Net Revenues\$: _____	Net Profit\$: _____

If personal Injury:

Has the subject returned to work since the accident? Yes/No _____ Date Returned: _____

Has the subject returned to work with less equal or more hours than prior to injury? _____

Has subject begun to prepare for retirement? Yes/No _____

At what age does/did the subject expect to retire? _____

EMPLOYER I

Company Name: _____ Job Title: _____

From: _____ To: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Employment Contact: _____ Telephone #: _____ Fax #: _____

Address: _____

Wage Rate: _____ Pay Period: _____
(annual, monthly, weekly, hourly*)

*If hourly, how many hours normally worked? _____ How many hours overtime: _____

Overtime Rate: _____ Number of months at work during each year: _____

Union Employment: Yes/No _____

Fringe benefits received: _____
(health insurance, pension, paid vacations, other)

Nature of work performed: _____

If personal Injury:

Has the subject returned to work since the accident? Yes/No _____ Date Returned: _____

Has the subject returned to work with less equal or more hours than prior to injury? _____

Has subject begun to prepare for retirement? Yes/No _____

At what age does/did the subject expect to retire? _____

SUBJECT'S EMPLOYMENT HISTORY CONTINUED

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CASE REFERENCE: _____ v. _____

EMPLOYER II

Company Name: _____ Job Title: _____

From: _____ To: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Employment Contact: _____ Telephone #: _____ Fax #: _____

Address: _____

Wage Rate: _____ Pay Period: _____

(annual, monthly, weekly, hourly*)

*If hourly, how many hours normally worked? _____ How many hours overtime: _____

Overtime rate: _____ Number of months at work during each year: _____

Nature of the work performed: _____

Fringe benefits received: _____

(health insurance, pension, paid vacations, other)

EMPLOYER III

Company Name: _____ Job Title: _____

From: _____ To: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Employment Contact: _____ Telephone #: _____ Fax #: _____

Address: _____

Wage Rate: _____ Pay Period: _____

(annual, monthly, weekly, hourly*)

*If hourly, how many hours normally worked? _____ How many hours overtime: _____

Overtime rate: _____ Number of months at work during each year: _____

Nature of the work performed: _____

Fringe benefits received: _____

(health insurance, pension, paid vacations, other)

EMPLOYER IV

Company Name: _____ Job Title: _____

From: _____ To: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Employment Contact: _____ Telephone #: _____ Fax #: _____

Address: _____

Wage Rate: _____ Pay Period: _____

(annual, monthly, weekly, hourly*)

*If hourly, how many hours normally worked? _____ How many hours overtime: _____

Overtime rate: _____ Number of months at work during each year: _____

Nature of the work performed: _____

Fringe benefits received: _____

(health insurance, pension, paid vacations, other)

SPOUSE'S INFORMATION REQUEST

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CASE REFERENCE: _____ v. _____

INSTRUCTIONS

Complete the following line items. Please attach additional pages as necessary.

Spouse's Name: _____ Gender: _____ Race: _____

DOB: _____ Occupation: _____

Place of Residence: _____

Educational Attainment: (circle grade level last completed) 9 10 11 12 GED COLLEGE 1 2 3 4 5 6
Grad Yr : _____

SPOUSE'S GENERAL HEALTH

Smoker? _____ Yes/No _____ Amount per day: _____

Year spouse quit smoking: _____

Does the spouse have a history of heart disease? _____ Yes/No _____ Date of Diagnosis: _____

Date of last episode: _____ Are medications taken? _____ Yes/No _____

Does spouse have a history of Diabetes? _____ Yes/No _____ Date of Diagnosis: _____

Type of Diabetes: _____ Type 1/ Type 2 _____ Controlled by: _____ diet/medication/insulin _____

Pre-existing chronic health conditions: _____

Please indicate any of the spouse's disabilities, illnesses, dependencies, etc. that may be relevant to the case.

EMPLOYER I

(If necessary, include a separate sheet detailing spouses's work history)

Company Name: _____ Job Title: _____

From: _____ To: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Employment Contact: _____ Telephone #: _____ Fax #: _____

Address: _____

Wage Rate: _____ Pay Period: _____

(annual, monthly, weekly, hourly*)

*If hourly, how many hours normally worked? _____ How many hours overtime: _____

Overtime Rate: _____ Number of months at work during each year: _____

Union Employment: _____ Yes/No _____

Fringe benefits received: _____

(health insurance, pension, paid vacations, other)

Nature of work performed: _____

If personal Injury:

Has spouse experienced diminished earnings due to accident? _____ Yes/No _____

If Yes, explain: _____

ADDITIONAL INFORMATION

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OTHER EXPERTS WORKING ON THIS CASE

Indicate the name, address, and telephone number of other expert witnesses working on this case that may need to be contacted or whose opinion may assist in our analysis. Use additional sheets as necessary.

ADDITIONAL INFORMATION

Please provide copies of the information or documents listed below, if they are available.

- (X) Copy of Complaint
- (X) Deposition of Plaintiff - if any
- () Deposition of Expert(s) – Including Plaintiffs Doctors and Life Care Plan (if any)
- (X) Report of Medical Expert(s)
- () Report of Vocational Rehabilitation Expert(s) including Plaintiffs Vocational/Life Care Plan Report *(For Personal Injury Cases Only) – if available*
- () Copy of relevant responses to interrogatories
- (X) Copies of Income Tax Filing(s) (including W-2 or Schedule C)
Include Copies for the years 5 years prior to accident; then to present
- (X) Employment Information
 - employer's personnel file
 - employers wage and earnings records
 - employee evaluation form(s)
 - employer's statement of employee's retirement benefits
 - union contract (if applicable)
- (X) Other
 - Social security earnings history (<https://s044a90.ssa.gov/apps6/iss/bp-7004home.jsp>)
 - Answers to interrogatories