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**CASE SUMMARY****GENERAL INFORMATION**

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**Economic & Policy Resources**400 Cornerstone Dr., Ste. 310, PO Box 1660 Williston, Vermont 05495 802.878.0346 Fx: 802.878.0876

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**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: \_\_\_\_\_

Subject's 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 &amp; 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

- If Subject is under 21 years old also include:**
- (X) MOTHER & FATHER'S BIOGRAPHICAL DATA
  - (X) MOTHER & FATHER'S EMPLOYMENT DATA

**SUBJECT'S BIOGRAPHICAL DATA**

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**CASE REFERENCE:** \_\_\_\_\_ v. \_\_\_\_\_

**INSTRUCTIONS**

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

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 houshold 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 the 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 child'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 rehabilitative care? \_\_\_\_\_ Yes/No

**MOTHER'S BIOGRAPHICAL DATA**

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**CASE REFERENCE:** \_\_\_\_\_ v. \_\_\_\_\_

**INSTRUCTIONS**

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

Mother'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: \_\_\_\_\_

**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 mother maintain a household prior to the accident? \_\_\_\_\_ Yes/No

If a personal injury, does the mother 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 mother's ability to maintain the household? \_\_\_\_\_ Yes/No

**MOTHER'S GENERAL HEALTH**

Smoker? \_\_\_\_\_ Yes/No Amount per day: \_\_\_\_\_

Year mother quit smoking: \_\_\_\_\_

Does the mother have a history of heart disease? \_\_\_\_\_ Yes/No Date of Diagnosis: \_\_\_\_\_

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

Does mother 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 mother's disabilities, illnesses, dependencies, etc. that may be relevant to the case.

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

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**FATHER'S BIOGRAPHICAL DATA**

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**CASE REFERENCE:** \_\_\_\_\_ v. \_\_\_\_\_**INSTRUCTIONS***Complete the following items. Please attach additional pages as necessary.*

Father'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: \_\_\_\_\_

**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 father maintain a household prior to the accident? \_\_\_\_\_ Yes/No

If a personal injury, does the father 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 father's ability to maintain the household? \_\_\_\_\_ Yes/No

**FATHER'S GENERAL HEALTH**

Smoker? \_\_\_\_\_ Yes/No Amount per day: \_\_\_\_\_

Year father quit smoking: \_\_\_\_\_

Does the father have a history of heart disease? \_\_\_\_\_ Yes/No Date of Diagnosis: \_\_\_\_\_

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

Does father 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 father's disabilities, illnesses, dependencies, etc. that may be relevant to the case.  
\_\_\_\_\_  
\_\_\_\_\_

## SUBJECT'S EMPLOYMENT HISTORY

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CASE REFERENCE: \_\_\_\_\_ v. \_\_\_\_\_

#### INSTRUCTIONS

*Detail Subject's work history. Please begin with most recent employer, and 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 the 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 the subject begun to prepare for retirement? Yes/No

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

**MOTHER 'S EMPLOYMENT HISTORY**

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**CASE REFERENCE:** \_\_\_\_\_ v. \_\_\_\_\_

**INSTRUCTIONS**

*Detail Mother's work history. Please begin with most recent employer, and 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 mother returned to work since the accident? Yes/No Date Returned: \_\_\_\_\_

Has the mother returned to work with less equal or more hours than prior to injury? \_\_\_\_\_

Has the mother begun to prepare for retirement? Yes/No

At what age does/did the mother expect to retire? \_\_\_\_\_

**EMPLOYER I**

*(If necessary, include a separate sheet detailing mother'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 mother experienced diminished earnings due to accident? Yes/No

If Yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FATHER 'S EMPLOYMENT HISTORY**

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**CASE REFERENCE:** \_\_\_\_\_ v. \_\_\_\_\_

**INSTRUCTIONS**

*Detail Father's work history. Please begin with most recent employer, and 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 father returned to work since the accident? Yes/No Date Returned: \_\_\_\_\_

Has the father returned to work with less equal or more hours than prior to injury? \_\_\_\_\_

Has the father begun to prepare for retirement? Yes/No

At what age does/did the father expect to retire? \_\_\_\_\_

**EMPLOYER I**

*(If necessary, include a separate sheet detailing father'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 father experienced diminished earnings due to accident? Yes/No

If Yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**ADDITIONAL INFORMATION**

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**CASE REFERENCE:** \_\_\_\_\_ v. \_\_\_\_\_

**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.

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**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
- (X) Deposition of Expert(s) – Including Plaintiff’s Doctors and Life Care Plan
- (X) Report(s) of Treating Physician(s)
- (X) Report of Vocational Rehabilitation Expert(s) including Plaintiff’s 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 each of the 5 years prior to accident, then to present for minor (if applicable) and parents.***
- (X) Employment Information
  - employer’s personnel file
  - employer’s 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