CASE SUMMARY

ACE INCORMATION

GENERAL INFORMATION

©Economic & Policy Resources

Economic & Policy Resources

400 Cornerstone Dr., Ste. 310, PO Box 1660 Williston, Vermont 05495 802.878.0346 Fx: 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 INFURMATION						
Case Reference:			V			
Court of Jurisdiction:						
Tried under the laws of the	e state of:					<u></u> ,
Subject's Name: Date of Accident/A			t/Action:			
Subject is: (check one)	Plaintiff	Defendant	Type of Action:	Personal Injury	Wrongful Death	Other
Brief Description of Case:						_
ATTORNEY INFORMATION	I					
Lead Attorney:			Email:			
Name of Firm:						
Address:						
City, State & Zip:						
Telephone:		Fa	ax:			
Case Schedule:						<u> </u>
Form Completed by:					Ext#:	_
OTHER						

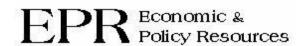
The forms checked below are enclosed. They should be completed and returned with this cover sheet.

BIOGRAPHICAL DATA EMPLOYMENT HISTORY ADDITIONAL INFORMATION

If Subject is under 21 years old also include:

MOTHER & FATHER'S BIOGRAPHICAL DATA

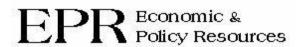
MOTHER & FATHER'S EMPLOYMENT DATA



SUBJECT'S BIOGRAPHICAL DATA

©Economic & Policy Resources

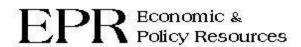
CASE REFERENCE:	V.				
IN	ISTRUCTIONS				
Complete the following items.		ditional pages as ned	cessary		
Complete the following kerner	Trodoo allaorradi	antonal pages as me	, occury,		
Subject's Name:	Gender:	Race:			
DOB: Occupation					
Place of Residence:					
Educational Attainment: (indicate grade level las	st completed)		Year Completed:		
Marital Status:	Spouse Name:				
Date of Marriage:					
If wrongful death, date of death:					
If personal injury, date of injury:					
·					
HOUSEHOLD STATUS Did the subject maintain a houshold prior to the If a personal injury, does the subject currently Has the injury changed the manner in which the Does the injury currently affect the subject's at SUBJECT's GENERAL HEALTH	maintain a househ ne household is ma pility to maintain th	aintained? ne household?			
Smoker?	Amount per day:				
Year subject quit smoking:	_ se?	Data of Diagnosia			
Does the subject have a history of heart disease Date of last episode:			•		
Does the subject have a history of Diabetes?	_ Are medications		•		
Type of Diabetes:		bate of blaghools olled by:	•		
Pre-existing chronic health conditions: Please indicate any of the subject's disabilities, illne	-		vant to the case.		
INJURY INFORMATION (for personal injury cases Type of Accident/Injury:	s only)				
Nature of injury:					
Was the subject hospitalized due to injury?					
Since the injury has the subject received media		e care?			
Is the subject currently receiving medical or rehabilitative care?					



MOTHER'S BIOGRAPHICAL DATA

©Economic & Policy Resources

Case Reference:			V.		
		IN	STRUCTIONS		
Complete ti	he following	items. I	Please attach add	litional pages as i	necessary.
Mother's Name:	000	unation:	Gender:	Rac	e:
Place of Residence:		ираноп.			
Educational Attainment: (ir	ndicate grade	level last	t completed)		Year Completed:
Marital Status:			Spouse Name:		
Date of Marriage:			•		
If wrongful death, date of o	death:				
If personal injury, date of in	njury:				
DEPENDENTS	OD:	Dolotic	anahin:	Donandant	Living in Households
Name: [OOB:	Relatio	onship:	Dependent:	Living in Household:
Household Status Did the mother maintain a	houshold n	rior to the	o accident?		
If a personal injury, does the				hold?	
Has the injury changed the					
Does the injury currently a					
, , , , , , , , , , , , , , , , , , ,			,		
MOTHER'S GENERAL HEALT	'H				
Smoker?			Amount per day	/:	
Year mother quit smoking:			_		
Does the mother have a hi	story of hea	irt diseas	se?		osis:
Date of last episode:	or of Dialact	0	Are medications to	aken?	
Does mother have a histor	-		Contro	Date of Diagn	osis:
Type of Diabetes: Pre-existing chronic health	conditions		Contro	nieu by.	
Please indicate any of the mo	ther's disabil	ities, illne	sses, dependencies	s, etc. that may be	relevant to the case.
_					



FATHER'S BIOGRAPHICAL DATA

©Economic & Policy Resources

CASE REFERENCE:			V			
		INSTRUCTION				
Comple	te the followi	ng items. Please attach a	additional pages as	necessary.		
Father's Name:	O	Gender:	Rad	ce:		
Place of Residence:		ccupation.				
	: (indicate gra	de level last completed)		Year Completed:		
Marital Status:		Spouse Name	e:			
Date of Marriage:		Spouse DOB				
If wrongful death, date If personal injury, date	of death:	· ·				
DEPENDENTS						
Name:	DOB:	Relationship:	Dependent:	Living in Household:		
HOUSEHOLD STATUS Did the father maintain a houshold prior to the accident? If a personal injury, does the father currently maintain a household? Has the injury changed the manner in which the household is maintained? Does the injury currently affect the father's ability to maintain the household?						
FATHER'S GENERAL HEA	ALTH	Amount per d	ay:			
Year father quit smoking						
Does the father have a	history of he	art disease?	Date of Diagn	osis:		
Date of last episode:	ory of Diahe	Are medication tes?	s taken?	nosis:		
Type of Diabetes:	ory or Diabe	Cor	Date of Diagi	10313.		
Pre-existing chronic he	alth conditior father's disab	ns: pilities, illnesses, dependenc				

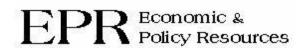


SUBJECT'S EMPLOYMENT HISTORY

©Economic & Policy Resources

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

Case Reference:	v
INSTRUC	
Detail Subject's work history. Please	
	pages if necessary.
and add additional p	ages ii necessary.
EMPLOYER I	
Company Name:	_ Job Title:
	_ To:
Work Address: City:	
Employment Contact:	
Address:	releptione # rax #
Wage Rate:	Pay Pariod:
wage Nate.	(annual, monthly, weekly, hourly*)
*If hourly, how many hours normally worked?	How many hours overtime:
	t work during each year:
Union Employment:	work during each year.
Fringe benefits received:	
(health insurance, pension, pa	
Nature of work performed:	
If personal Injury: Has the subject returned to work since the accident? Has the subject returned to work with less equal or more than the subject begun to prepare for retirement? At what age does/did the subject expect to retire?	
EMPLOYER II	
Company Name:	_ Job Title:
Work Address: City:	
Employment Contact:	
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 a	
Union Employment:	
Fringe benefits received:	
(health insurance, pension, pa	iid vacations, other)
Nature of work performed:	
If poroonal Injury	
If personal Injury:	Date Poturnod:
Has the subject returned to work since the accident?	
Has the subject returned to work with less equal or more Has the subject begun to prepare for retirement?	ore nours than phor to injury?
At what age does/did the subject expect to retire?	



Page 5

www.eprlegaleconomics.com

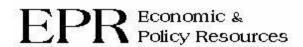
MOTHER 'S EMPLOYMENT HISTORY

©Economic & Policy Resources

Economic & Policy Resources

400 Cornerstone Dr., Ste. 310, PO Box 1660 Williston, Vermont 05495 802.878.0346 Fx: 802.878.0876

CASE REFERENCE:		V				
Detail	Mother's work history. Plea	JCTIONS se begin with most re pages if necessary.				
SELF EMPLOYMENT DA		pages ii mesessary.				
Company Name: Occupational Title: Year company started: Net profits for the last						
5 years:	Year: Net R Year: Net R Year: Net R	evenues \$: evenues \$: evenues \$: evenues \$:	Net Profit \$: Net Profit \$: Net Profit \$: Net Profit \$: Net Profit \$:			
Has the mother returned Has the mother begun t	Has the mother returned to work since the accident? Has the mother returned to work with less equal or more hours than prior to injury? Has the mother begun to prepare for retirement? At what age does/did the mother expect to retire? EMPLOYER I					
Company Name:		Job Title:				
From: Work Address: Employment Contact:	City:	To: To:	_ State: Zip: Fax #:			
Address: Wage Rate:		Pay Period:				
	ours normally worked? Number of months	(annu	al, monthly, weekly, hourly*) nours overtime: ear:			
Fringe benefits received	: (health insurance, pension,	acid vacations, other)				
Nature of work performe	,	paid vacations, other)				
If personal Injury: Has mother experienced If Yes, explain:	d diminished earnings due to					



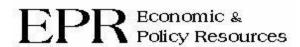
FATHER 'S EMPLOYMENT HISTORY

©Economic & Policy Resources

Economic & Policy Resources

400 Cornerstone Dr., Ste. 310, PO Box 1660 Williston, Vermont 05495 802.878.0346 Fx: 802.878.0876

CASE REFERENCE:			V		
		INSTRUC	CTIONS		
Deta	ail Father's work hi	istory. Please	e begin with most i	ecent empl	oyer,
		ld additional p	ages if necessary		
SELF EMPLOYMENT	DATA				
Company Name: Occupational Title: Year company started Net profits for the last 5 years:	Year: Year: Year:	Net Revenu Net Revenu Net Revenu	es \$:	Net Pr Net Pr Net Pr	ofit \$:
	Year:	Net Revenu	es \$:	Net Pr	ofit \$:
	Year:	Net Revenu	es \$:	Net Pr	ofit \$:
If personal Injury: Has the father returned to work since the accident? Has the father returned to work with less equal or more hours than prior to injury? Has the father begun to prepare for retirement? 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:			Day Davids do		
Wage Rate:			Pay Period:	ual, monthly, we	ekly hourly*)
*If hourly, how many Overtime Rate: Union Employment: Fringe benefits receive	Numb	er of months a	How many t work during each y	hours overtin	· · · · · · · · · · · · · · · · · · ·
National africal configuration		ince, pension, pa	id vacations, other)		
Nature of work perforn If personal Injury: Has father experience If Yes, explain:		ings due to ac	cident?		



ADDITIONAL INFORMATION

©Economic & Policy Resources

Economic & Policy Resources

400 Cornerstone Dr., Ste. 310, PO E	ox 1660 Williston, Vermont 05495 802.878.0346 Fx: 802.878.0876	i
CASE REFERENCE:	V	
	CASE hone number of other expert witnesses working on this case that binion may assist in our analysis. Use additional sheets as	

ADDITIONAL INFORMATION

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

Copy of Complaint

Deposition of Plaintiff - if any

Deposition of Expert(s) – Including Plaintiff's Doctors and Life Care Plan

Report(s) of Treating Physician(s)

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

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.

Employment Information

- employer's personnel file
- employer's wage and earings records
- employee evalutation form(s)
- employer's statement of employee's retirement benefits
- union contract (if applicable)

Other

Answers to interrogatories

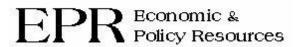


Page 8

CHILD'S BIOGRAPHICAL DATA

©Economic & Policy Resources

CASE REFERENCE:		V.		
	INI	STRUCTIONS		
Carefully complete t			additional pages	as necessary
Cardiany complete t	no renewing neri	no. Trodoc attacri	additional pages	do nococcary.
Child's Name:		Gender:	Race);
DOB:	Occupation:			
Place of Residence:				
Educational Attainment: (indica				Year Completed:
Marital Status: NA		Spouse Name:	NA	
			NA	
If wrongful death, date of death	n: (if different fro	m date of accident) <u>NA</u>	
6				
SURVIVING DEPENDENTS Name: DOB	· Polotic	anchin:	Donandant:	Living in Households
NA	. Relatio	onship:	Dependent: Yes/No	Living in Household: Yes/No
INA			Yes/No	Yes/No
			Yes/No	Yes/No
			Yes/No	Yes/No
HOUSEHOLD STATUS				
Did the child maintain a housh				Yes/ No
If a personal injury, does the cl				Yes/ No
Has the injury changed the m				Yes/ No
Does the injury currently affect	ct the child's abi	lity to maintain the	household?	Yes/ No
CHILD'S GENERAL HEALTH		A (
Smoker/Non-Smoker:		Amount per day:	-	
Year child quit smoking:	of boort discoso	2	Data of Diagra	ania.
Does the child have a history of Date of Last episode:	neart disease	? Ara madiaations to	Date of Diagno	osis:
Does the child have a history of	of Diabetes?	Are medications ta	Date of Diagno	cic
Type of Diabetes:	i Diabetes:	Control		SIS
Preexisting chronic health cond	ditions:	Control		
Please indicate any of the child's of	disabilities, illness	es, dependencies, et	c. that may be rele	evant to the case.
,	, , , , , , , , , , , , , , , , , , , ,		· · · · · · · · · · · · · · · · · · ·	



CHILD'S BIOGRAPHICAL DATA

©Economic & Policy Resources

CASE REFERENCE:		V.		
	INI	STRUCTIONS		
Carefully complete t			additional pages	as necessary
Cardiany complete t	no renewing neri	no. Trodoc attacri	additional pages	do nococcary.
Child's Name:		Gender:	Race);
DOB:	Occupation:			
Place of Residence:				
Educational Attainment: (indica				Year Completed:
Marital Status: NA		Spouse Name:	NA	
			NA	
If wrongful death, date of death	n: (if different fro	m date of accident) <u>NA</u>	
6				
SURVIVING DEPENDENTS Name: DOB	· Polotic	anchin:	Donandant:	Living in Households
NA	. Relatio	onship:	Dependent: Yes/No	Living in Household: Yes/No
INA			Yes/No	Yes/No
			Yes/No	Yes/No
			Yes/No	Yes/No
HOUSEHOLD STATUS				
Did the child maintain a housh				Yes/ No
If a personal injury, does the cl				Yes/ No
Has the injury changed the m				Yes/ No
Does the injury currently affect	ct the child's abi	lity to maintain the	household?	Yes/ No
CHILD'S GENERAL HEALTH		A (
Smoker/Non-Smoker:		Amount per day:	-	
Year child quit smoking:	of boort discoso	2	Data of Diagra	ania.
Does the child have a history of Date of Last episode:	neart disease	? Ara madiaations to	Date of Diagno	osis:
Does the child have a history of	of Diabetes?	Are medications ta	Date of Diagno	cic
Type of Diabetes:	i Diabetes:	Control		SIS
Preexisting chronic health cond	ditions:	Control		
Please indicate any of the child's of	disabilities, illness	es, dependencies, et	c. that may be rele	evant to the case.
,	, , , , , , , , , , , , , , , , , , , ,	,,	· · · · · · · · · · · · · · · · · · ·	

