
CASE SUMMARY

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 INFORMATION

Case Reference: _____ v. _____

Court of Jurisdiction: _____

Tried under the laws of the state of: _____

Subject's Name: _____ Date of Accident/Action: _____

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

Brief Description of Case: _____

ATTORNEY INFORMATION

Lead Attorney: _____ Email: _____

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.

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

Economic & Policy Resources

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

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: (indicate grade level last completed) _____ Year Completed: _____

Marital Status: _____ Spouse Name: _____

Date of Marriage: _____ Spouse DOB: _____

If wrongful death, date of death: _____

If personal injury, date of injury: _____

HOUSEHOLD STATUS

Did the subject maintain a household prior to the accident? _____

If a personal injury, does the subject currently maintain a household? _____

Has the injury changed the manner in which the household is maintained? _____

Does the injury currently affect the subject's ability to maintain the household? _____

SUBJECT'S GENERAL HEALTH

Smoker? _____ Amount per day: _____

Year subject quit smoking: _____

Does the subject have a history of heart disease? _____ Date of Diagnosis: _____

Date of last episode: _____ Are medications taken? _____

Does the subject have a history of Diabetes? _____ Date of Diagnosis: _____

Type of Diabetes: _____ Controlled by: _____

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? _____

Since the injury has the subject received medical or rehabilitative care? _____

Is the subject currently receiving medical or rehabilitative care? _____

MOTHER'S BIOGRAPHICAL DATA

©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. _____

INSTRUCTIONS

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

Mother's Name: _____ Gender: _____ Race: _____

DOB: _____ Occupation: _____

Place of Residence: _____

Educational Attainment: (indicate grade level last completed) _____ Year Completed: _____

Marital Status: _____ Spouse Name: _____

Date of Marriage: _____ Spouse DOB: _____

If wrongful death, date of death: _____

If personal injury, date of injury: _____

DEPENDENTS

Name: _____ DOB: _____ Relationship: _____ Dependent: _____ Living in Household: _____

HOUSEHOLD STATUS

Did the mother maintain a household prior to the accident? _____

If a personal injury, does the mother currently maintain a household? _____

Has the injury changed the manner in which the household is maintained? _____

Does the injury currently affect the mother's ability to maintain the household? _____

MOTHER'S GENERAL HEALTH

Smoker? _____ Amount per day: _____

Year mother quit smoking: _____

Does the mother have a history of heart disease? _____ Date of Diagnosis: _____

Date of last episode: _____ Are medications taken? _____

Does mother have a history of Diabetes? _____ Date of Diagnosis: _____

Type of Diabetes: _____ Controlled by: _____

Pre-existing chronic health conditions:

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

FATHER'S BIOGRAPHICAL DATA

©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. _____

INSTRUCTIONS

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

Father's Name: _____ Gender: _____ Race: _____
DOB: _____ Occupation: _____
Place of Residence: _____

Educational Attainment: (indicate grade level last completed) _____ Year Completed: _____

Marital Status: _____ Spouse Name: _____
Date of Marriage: _____ Spouse DOB: _____
If wrongful death, date of death: _____
If personal injury, date of injury: _____

DEPENDENTS

Name:	DOB:	Relationship:	Dependent:	Living in Household:
-------	------	---------------	------------	----------------------

HOUSEHOLD STATUS

Did the father maintain a household 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 HEALTH

Smoker? _____ Amount per day: _____
Year father quit smoking: _____
Does the father have a history of heart disease? _____ Date of Diagnosis: _____
Date of last episode: _____ Are medications taken? _____
Does father have a history of Diabetes? _____ Date of Diagnosis: _____
Type of Diabetes: _____ Controlled by: _____
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

©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. _____

INSTRUCTIONS

Detail Subject's work history. Please begin with most recent employer, and add additional pages if necessary.

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: _____

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? _____ 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? _____

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

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: _____

Union Employment: _____

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? _____ 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? _____

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

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. _____

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? _____ 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? _____

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: _____

Fringe benefits received: _____

(health insurance, pension, paid vacations, other)

Nature of work performed: _____

If personal Injury:

Has mother experienced diminished earnings due to accident? _____

If Yes, explain: _____

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. _____

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? _____ 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? _____
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: _____

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

Nature of work performed: _____

If personal Injury:

Has father experienced diminished earnings due to accident? _____

If Yes, explain: _____



ADDITIONAL 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

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.

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 earnings records
- employee evaluation form(s)
- employer’s statement of employee’s retirement benefits
- union contract (if applicable)

Other

Social security earnings history (_____)

Answers to interrogatories

CHILD'S BIOGRAPHICAL DATA

©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. _____

INSTRUCTIONS

Carefully complete the following items. Please attach additional pages as necessary.

Child's Name: _____ Gender: _____ Race: _____
DOB: _____ Occupation: _____
Place of Residence: _____
Educational Attainment: (indicate last grade level completed) _____ Year Completed: _____
Marital Status: NA Spouse Name: NA
Date of Marriage: NA Spouse DOB: NA
If wrongful death, date of death: (if different from date of accident) NA

SURVIVING DEPENDENTS

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

HOUSEHOLD STATUS

Did the child maintain a household prior to the accident? Yes/No
If a personal injury, does the child 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 child's ability to maintain the household? Yes/No

CHILD'S GENERAL HEALTH

Smoker/Non-Smoker: _____ Amount per day: _____
Year child quit smoking: _____
Does the child have a history of heart disease? _____ Date of Diagnosis: _____
Date of Last episode: _____ Are medications taken? _____
Does the child have a history of Diabetes? _____ Date of Diagnosis _____
Type of Diabetes: _____ Controlled by: _____
Preexisting chronic health conditions:
Please indicate any of the child's disabilities, illnesses, dependencies, etc. that may be relevant to the case.

CHILD'S BIOGRAPHICAL DATA

©Economic & Policy Resources

Economic & Policy Resources400 Cornerstone Dr., Ste. 310, PO Box 1660 Williston, Vermont 05495 802.878.0346 Fx: 802.878.0876

CASE REFERENCE: _____ v. _____**INSTRUCTIONS***Carefully complete the following items. Please attach additional pages as necessary.*

Child's Name: _____ Gender: _____ Race: _____
DOB: _____ Occupation: _____
Place of Residence: _____
Educational Attainment: (indicate last grade level completed) _____ Year Completed: _____
Marital Status: NA Spouse Name: NA
Date of Marriage: NA Spouse DOB: NA
If wrongful death, date of death: (if different from date of accident) NA

SURVIVING DEPENDENTS

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

HOUSEHOLD STATUS

Did the child maintain a household prior to the accident? _____ **Yes/No**
If a personal injury, does the child 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 child's ability to maintain the household? _____ **Yes/No**

CHILD'S GENERAL HEALTH

Smoker/Non-Smoker: _____ Amount per day: _____
Year child quit smoking: _____
Does the child have a history of heart disease? _____ Date of Diagnosis: _____
Date of Last episode: _____ Are medications taken? _____
Does the child have a history of Diabetes? _____ Date of Diagnosis _____
Type of Diabetes: _____ Controlled by: _____
Preexisting chronic health conditions:
Please indicate any of the child's disabilities, illnesses, dependencies, etc. that may be relevant to the case.
