

**THOMAS CARROLL & ASSOCIATES, LTD.**  
**CONSULTING ECONOMISTS**

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**Information Required for Lost Earnings Evaluation: Discrimination**

Name of Plaintiff(s): \_\_\_\_\_

**Demographic Characteristics of Plaintiff**

- Date of Birth \_\_\_\_\_
- Race \_\_\_\_\_
- Citizenship: Natural Born (U.S.)   Naturalized   Other: \_\_\_\_\_
- Gender \_\_\_\_\_
- Highest grade of school completed/degrees received \_\_\_\_\_
- Marital Status \_\_\_\_\_
- Date of Birth of Minor Children or other dependents \_\_\_\_\_
- \_\_\_\_\_
- Pre-termination Occupation and Employer \_\_\_\_\_
- \_\_\_\_\_
- Current Occupation and Employer \_\_\_\_\_
- \_\_\_\_\_
- Other Post-Termination Occupation(s) and Employer(s) \_\_\_\_\_
- \_\_\_\_\_
- Date of Termination \_\_\_\_\_
- Last Day Working \_\_\_\_\_
- Dates and Period Unemployed \_\_\_\_\_
- \_\_\_\_\_
- Date of Reemployment \_\_\_\_\_

**Prognosis for Reemployment**

- Has the victim returned to work? \_\_\_\_\_
- Are there any pre-existing medical conditions or disabilities? \_\_\_\_\_
- If so, do they restrict the type or amount of work the victim can perform (*please provide doctor's report, Social Security Disability Rating, etc.*) \_\_\_\_\_
- \_\_\_\_\_
- Has the victim started (or completed) any vocational training, rehabilitation? \_\_\_\_\_
- \_\_\_\_\_

## Information Required for Lost Earnings Evaluation: Discrimination

### Earnings History

- What were the plaintiff's earnings at the time of the incident? \_\_\_\_\_
- Documentation of earnings (*please provide tax returns, W-2 forms, paycheck stubs, etc.*)\_\_\_\_
  - Pre-incident earnings
  - Post-incident earnings
- Fringe benefits (*please provide letter from the employer, employee manual, etc.*)\_\_\_\_
  - Pre-incident benefits
  - Post-incident benefits

### Other Considerations

- Incidental costs in job search \_\_\_\_\_  
\_\_\_\_\_
- Job Relocation or retraining cost \_\_\_\_\_

### Other important documents to include:

- Copy of the complaint
- Copy of relevant depositions