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Information Required for Lost Earnings Evaluation: Medical Malpractice

Name of Plaintiff(s): _____

Demographic Characteristics of Subject

- Date of Birth _____
- Race _____
- Gender _____
- Citizenship: Natural Born (U.S.) Naturalized Other: _____
- Highest grade of school completed/degrees received _____

- Occupation prior to incident _____
- Can subject continue in same occupation? _____
- Marital Status _____
- Date of Birth of Minor Children or other dependents _____

- Date of Injury _____
- Last Day Working _____

Prognosis for Recovery

- What is the condition of victim – Temporarily Disabled, Permanently Disabled, Partially Disabled, or Totally Disabled _____
- Evidence of Disability (*please provide doctor's report, Social Security Disability Rating, etc.*)

- 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? _____

- Has the victim started (or completed) any vocational training, rehabilitation? _____

- Post-injury occupation _____

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Earnings History

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

Other Considerations

- Lost contribution to household chores (hours worked at chores before the injury, types of activities that can no longer be done) _____

- Hourly cost of replacement help for household chores _____

- Past and/or expected future medical expenses (i.e. *Expert Medical Life Care Plan*) _____

- Lost quality of life considerations (activities that can no longer be enjoyed because of injury) _____

Other important documents to include:

- Copy of the complaint
- Copy of relevant expert reports
- Copy of relevant depositions