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Information Required for Lost Earnings Evaluation: Personal Injury

Name of Plaintiff(s): _____

Demographic Characteristics of Subject

- Date of Birth _____
- Date of Injury _____
- Race _____
- Gender _____
- Citizenship: *Natural Born (U.S.)* or *Naturalized* or *Other*: _____
- Highest grade of school completed/degrees received _____
- Marital Status _____
- Date of Birth of Minor Children or other dependents _____

- Occupation prior to incident _____
- Can subject continue in same occupation? _____
- 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 _____

Information Required for Lost Earnings Evaluation: Personal Injury

Earnings History

- What were the victim'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*): _____
 - Pre-injury benefits
 - Post-injury benefits

Other Considerations

- Hours of free time.
Before Injury: _____
After Injury: _____
 - Lost contribution to household chores. Please estimate the average amount of time spent per week on each activity listed below:
 - Vacuuming _____
 - Grocery-shopping _____
 - Dusting _____
 - Preparing dinner _____
 - Cleaning the living and dining rooms _____
 - Doing the dishes _____
 - Ironing _____
 - Personal laundry _____
 - Straightening up the living areas _____
 - Household laundry (towels and linens) _____
 - Mowing the lawn _____
 - Taking out the garbage _____
 - Cleaning the bathrooms _____
 - Cleaning the kitchen _____
 - Cleaning the bedrooms _____
- Total Hours: _____

Life Care Calculations

- Impact of injuries on post-injury life expectancy
 - Diagnosis of healthcare and other costs for victim by age, including availability of generic equivalents for prescription drugs
 - Past and/or expected future medical expenses (i.e. *Medical Life Care Plan*) _____
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Other Important documents to include:

Copy of the complaint

Copy of relevant expert reports (e.g., Medical or vocational report documenting disability)

Copy of relevant depositions (particularly that of the plaintiff and/or family, medical and vocational experts)