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Information Required for Lost Earnings Evaluation: Juvenile Personal Injury

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 (child and parents)
Father _____
Mother _____
- Occupation of parents
 - Actual _____
 - Potential _____
- 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.*) _____
- Are there any predictions of child's eventual educational attainment? _____
- Are there any pre-existing medical conditions or disabilities? _____
- Has the victim started (or completed) any vocational training, rehabilitation? _____
- Post-injury occupation (if applicable): _____

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Earnings History (Parents: if possible)

- What were the parent'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

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

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)