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Information Required for Lost Earnings Evaluation: Wrongful Death

Name of Decedent: _____

Demographic Characteristics of Decedent

- Date of Birth _____
- Date of Death _____
- 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 _____
- Number of weeks employed year before death (include vacation time) _____
- Usual number of hours per week at job _____
- Rate of Pay at job _____
- Last Day Working _____

Earnings History

- Documentation of victim's earnings (*please provide tax returns, W-2 forms, paycheck stubs*)
- Fringe benefits (*please provide letter from the employer, employee manual, etc*)
- Did employer pay health insurance (i.e. COBRA)?
- Did employer pay into retirement program (kind, contributions, etc.)? _____
- Were there any pre-existing medical conditions or disabilities? _____

- If so, did they restrict the type or amount of work the victim could perform? _____

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Other Considerations

- 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: _____

- Did deceased have any extraordinary consumption habits from which heirs received no benefit? _____ (yes) _____ (no) If yes please explain.

Other Important documents to include:

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