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Information Required for Lost Earnings Evaluation: Wrongful Demotion

Name of Plaintiff(s): _____

Demographic Characteristics of Plaintiff

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

- Pre-Demotion Occupation and Employer _____

- Current Occupation and Employer _____

- Other Post-Demotion Occupation(s) and Employer(s) _____

- Date of Demotion _____
- Last Day Working _____
- Dates and Period Unemployed _____
- Date of Reemployment _____

Prognosis for Reemployment

- Has the victim returned to work? _____
- Is there a pre-existing medical condition or disability that limits the amount or kind of work?

Earnings History

- What were the victim's earnings at the time of the incident? _____
- 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

Information Required for Wrongful Demotion Evaluation

Other Considerations

- Incidental costs in job search _____
- Job Relocation or retraining costs _____

Other Important documents to include:

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