

# SEG

Smith Economics Group, Ltd.

A Division of Corporate Financial Group

Economics / Finance / Litigation Support

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## **CASE INFORMATION FORM**

Provide, or estimate, as accurately as you can. Use this form or attach answers referring to question numbers. (There is no need to retype form.) Please mail the completed form or fax it to 312-943-1016. If you are filling this out electronically, use typeover mode or attach answers on a separate sheet

1. Today's date:		2. Case name:	
3. Subject's personal information:			
Name: _____		Date of birth: _____ (mm/dd/yy)	
Gender: _____ M _____ F		Race: _____ Marital Status: _____	
Date of Incident and/or Date of death: _____ (mm/dd/yy)			
4. Contact information (It is our standard to conduct an interview of the plaintiff or a close family member in order to obtain additional information. Please notify the person that our office will be contacting them):			
Contact Name: _____		Contact Number: _____	
5. Basic facts of case:			
6. Describe injuries if applicable:			
7. Please provide pre-injury photographs of plaintiff and/or survivors if available.			
8. Preferred report completion date:		9. Latest deadline for the report (See page 3 for Rush Fee):	
10. List spouse and children. If claimants, include siblings and parents:			
Name		Date of Birth (mm/dd/yy)	Relationship
A.			
B.			
C.			
D.			

Continue list on a separate sheet, if necessary.

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**I. CHECK ESTIMATES YOU WOULD LIKE US TO CALCULATE (See Fee Schedule for Rates):**

- \_\_\_ 1. Wage and fringe benefits loss
  - \_\_\_ Less personal maintenance or consumption offset
  - \_\_\_ Offset by alternate employment earnings in injury cases
  - \_\_\_ Take income taxes into account
- \_\_\_ 2. Household/Family Management Services
  - \_\_\_ Housekeeping services
  - \_\_\_ Advice, counsel, guidance, instruction and training services
  - \_\_\_ Accompaniment services
- \_\_\_ 3. Value of life or loss of enjoyment to subject in injury or death.
- \_\_\_ 4. Society and consortium or relationship loss.
- \_\_\_ 5. Life care plans or future medical costs.
- \_\_\_ 6. Credit damage (can result from wage loss, reporting error or identity theft).
- \_\_\_ 7. Business losses.
- \_\_\_ 8. Punitive damages.
- \_\_\_ 9. Other losses: \_\_\_\_\_.

**II. FOR ANY LOSS (#1-7) THAT IS TO BE CALCULATED, PROVIDE THE SPECIFIED INFORMATION ITEMIZED IN THE CORRESPONDING NUMBER (#1-7) BELOW.**

**1. Earnings:**

- a. Subject's occupation.
- b. Subject's level of education or special training.
- c. If subject had not yet completed education or special training at the time of the incident, specify future plans if known, as well as the education background of the parents or siblings.
- d. Subject's salary or rate of pay; provide legible copies of the subject's W-2's and tax returns going back ten years if possible.
- e. Information on fringe benefits. Please provide employment file if available.
- f. Does subject's spouse work? \_\_\_\_\_. If so, specify the breakdown between the subject's income and the spouse's income, if this is not explicitly shown on tax returns.
- g. Death cases only: Describe any unusual personal consumption patterns, i.e., expensive hobbies or favorable housing costs that could place the subject outside a typical or average range.
- h. In injury, is there a vocational rehabilitation report or estimate of possible alternate employment, or is there total disability?

**2. Household and Other Services:**

- a. Regarding the subject's performing household, advice and counsel, and/or accompaniment services beyond an "average" amount, specify daily hours:

**3. Value of Life:**

- a. **Wrongful Death and/or Injury:** depositions or other materials that document the quality of life and special qualities of your client.
- b. **Also, for Injury:** Are there psycho-social evaluations completed in a format similar to the Reduction in the Value of Life Scale?

**4. Society and Relationship**

Complete the list of claimants above. Describe any unusual circumstances, if any.

**5, 6, 7. Other:**

Information specific to the loss.

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## SCHEDULING INFORMATION

1. Discovery deposition cutoff date:	
2. Estimated trial starting date and length of your portion of trial:	
3. Best estimate of economic testimony date (please give 2 or 3 dates):	
4. If this is a federal action, specify:	FELA _____; FTCA _____; Section 1983 _____; Diversity _____; Other:
5. City and county of courthouse, judge's name if available:	
6. Person to speak to regarding deposition scheduling:	
7. Person to speak to regarding trial scheduling:	
8. Name of the attorney to whom report should be addressed:	
9. Attach a copy of the CAPTION of the case and a copy of the SERVICE LIST. Please make sure the caption shows the case number and the venue (jurisdiction), etc., and that the service list includes the names, addresses and, if possible, the phone numbers of all the attorneys involved on both sides of the case.	
10. Please send a copy of any recent changes in the personal injury or wrongful death or other relevant statute and/or a copy of recent court opinions you deem relevant to damages.	
11. Please send a copy of any special jury instructions for the tangible and intangible damages you will be seeking, especially regarding discounting, personal consumption offset, loss of society, etc.	
<b>*** RUSH FEE ***</b>	
<b>Please provide materials in sufficient time for us to complete the analysis.</b>	
<b>While we will make every attempt to meet your deadline, we prefer to have at least 4 weeks after receipt of materials.</b>	
<b>For reports due within 10 business days of receipt of case materials, a 10% rush fee will be charged.</b>	
<b>For reports due within 5 business days of receipt of case materials, a 15% rush fee will be charged.</b>	
<b>PLEASE ADVISE US OF CHANGES IN YOUR TIMETABLE AS SOON AS YOU KNOW.</b>	
<b>THANK YOU.</b>	