

**INFORMATION FORM FOR
APPRAISAL OF FINANCIAL LOSS DUE TO INJURY TO A CHILD**

TO BE COMPLETED BY ATTORNEY OR ATTORNEY'S STAFF

NAME OF INJURED: _____

Names of Parents: _____

Telephone Number: _____ Best Time to Call: _____

Attorney for Plaintiff: _____

Address: _____

Phone Number: _____

FAX Number: _____

Paralegal/Secretary: _____

Attorney for Defendant: _____

Address: _____

Phone Number: _____ FAX Number: _____

Paralegal/Secretary: _____

Court: _____ Location: _____

Estimated Trial Date: _____

Which state's statute applies? _____

(NOTE: If other than SC, NC, GA, please provide applicable life expectancy table.)

I. RELEVANT DATES

A. Injured Child:
Date of Birth: _____

Date of Injury: _____

I. RELEVANT DATES (continued)

B. Family Members:

	<u>NAME</u>	<u>BIRTH DATE</u>
Father	_____	_____
Mother	_____	_____
Brothers	_____	_____
and/or Sisters	_____	_____

II. HEALTH

A. Injured child's health condition BEFORE-INJURY:
(Check One)

1. Excellent
2. Good
3. Fair
4. Other (specify)

B. Health condition of family members:

	<u>NAME</u>	<u>CONDITION</u>
Father	_____	_____
Mother	_____	_____
Brothers	_____	_____
and/or Sisters	_____	_____

C. List before-injury health problems/conditions of the injured child:

D. Describe the child's injuries: _____

E. BEFORE-INJURY, is there any reason to believe that, for reasons of health or habit, the injured child had less than a normal:

1. Work-Life Expectancy? _____
2. Life Expectancy? _____

III. EDUCATION OF THE INJURED CHILD

A. Level of education completed at time of injury:

Name of Elementary School: _____

Location: _____

Years Attended: _____ Grade Completed: _____

Average Grade (e.g., A,B,C,D,F): _____

Name of Middle School: _____

Location: _____

Years Attended: _____ Grade Completed: _____

Average Grade (e.g., A,B,C,D,F): _____

Name of High School: _____ Location: _____

Years Attended: _____ Grade Completed: _____

Average Grade (e.g., A,B,C,D,F): _____

B. Special Scholastic Honors/Abilities:
List and Describe: _____

C. Special Interests: _____

D. Expressed Vocational Interests: _____

E. Before-Injury, educational goals (e.g., 2-year college, 4-year college, or Technical School): _____

III. EDUCATION OF THE INJURED CHILD (continued)

F. Has the average grade/GPA of the injured child changed since the injury?

Yes No

If YES, explain: _____

IV. VOCATIONAL ASSESSMENT / PSYCHOLOGICAL EVALUATION

A. Has a vocational assessment/psychological evaluation been performed to determine the injured child's before-and after-injury earning capacities?

Yes No

B. If yes, please indicate the following regarding the assessor/evaluator:

1. Name: _____

2. Title(s): _____

3. Address: _____

4. Telephone: _____

V. BACKGROUND INFORMATION REGARDING CHILD'S PARENTS

A. Amount of Education of Parents: (i.e., indicate grade/years completed, Certificates, Diplomas, etc.)

FATHER: _____

MOTHER: _____

B. Past Employment:		FATHER	MOTHER
	19	_____	_____
	19	_____	_____
	20	_____	_____
	20	_____	_____

V. **BACKGROUND INFORMATION REGARDING CHILD'S PARENTS** (continued)

C. Gross Annual Income:

	<u>FATHER</u>	<u>MOTHER</u>
<u>19</u>	_____	_____
<u>19</u>	_____	_____
<u>20</u>	_____	_____
<u>20</u>	_____	_____

D. Hourly/Weekly/Monthly/Annual (specify) Rate of Pay:

	<u>FATHER</u>	<u>MOTHER</u>
<u>19</u>	_____	_____
<u>19</u>	_____	_____
<u>20</u>	_____	_____
<u>20</u>	_____	_____

VI. **FUTURE MEDICAL CARE**

A. Has a life care plan been prepared?

Yes No

B. If yes, indicate the following regarding the assessor/evaluator:

1. Name: _____
2. Title(s): _____
3. Address: _____
4. Telephone: _____

VI. FUTURE MEDICAL CARE (continued)

C. If no, and if, because of injury, the child requires future medical care, please specify below: (e.g., physical therapy sessions, annual physician visits, attendant care, medications, etc.).

	MED. CARE ITEM	HOW OFTEN	CURRENT COST	HOW LONG NEEDED	PROVIDER
1.					
2.					
3.					
4.					
5.					
6.					

(Note: for each item, obtain a statement from physician and/or other expert prescribing the various care items.)

VII. EXTRAORDINARY CARE PROVIDED BY PARENT

Extraordinary care is defined as the "extra" care provided for the injured child above and beyond that of ordinary child care.

A. Types of Extraordinary Care Performed by Parent Caring for the Injured Child:

	Yes	No		Yes	No
Special Diet	_____	_____	General Nursing	_____	_____
Medications	_____	_____	Physical Therapy	_____	_____
Dress Child	_____	_____	Bathe Child	_____	_____
Feed Child	_____	_____	Lift/Move Child	_____	_____
Doctor/Specialist Visits	_____	_____	Other	_____	_____
			Other	_____	_____

VII. EXTRAORDINARY CARE PROVIDED BY PARENT (continued)

B. AFTER-INJURY: Average Number of Hours Per Day

1. Estimate the extra hours of care currently provided by the Mother for the injured child:

Monday-Friday	(5 days)	X _____	(hours/day)	=	_____	hours/week
Saturday	(1 day)	X _____	(hours/day)	=	_____	hours/week
Sunday	(1 day)	X _____	(hours/day)	=	_____	hours/week
Average Hours Per Week:						_____

2. Estimate the extra hours of care currently provided by the Father for the injured child:

Monday-Friday	(5 days)	X _____	(hours/day)	=	_____	hours/week
Saturday	(1 day)	X _____	(hours/day)	=	_____	hours/week
Sunday	(1 day)	X _____	(hours/day)	=	_____	hours/week
Average Hours Per Week:						_____

VIII. SUMMARY OF SUPPORTING DOCUMENTATION REQUIRED

- A. Complaint and Answer
- B. Depositions of:
 - 1. Parent(s)
 - 2. Other Relevant Parties.
 - 3. Other Experts (Vocational/Medical, etc.)
- C. Vocational Assessment
- D. School Transcripts
- E. Life Care Plan (if applicable)
- F. Future Medical Care Statements