

INFORMATION FORM

FOR

APPRAISAL OF FINANCIAL LOSS DUE TO WRONGFUL DEATH OF A CHILD

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. Decedent:

Date of Birth: _____

Date of Death: _____

I. RELEVANT DATES (continued)

B. Family Members:

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

II. HEALTH

**A. Decedent's health condition BEFORE-DEATH:
(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. Is there any reason to believe the father, mother, or brothers and sisters had less than a normal life expectancy at the date of the child's death? YES _____ NO _____
If yes, please explain? _____

D. BEFORE-DEATH, did the decedent have a normal:

1. Earning Capacity? _____
2. Work-Life Expectancy? _____
3. Life Expectancy? _____

III. EDUCATION OF THE DECEDENT

A. Last grade completed at time of death:

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) _____

Name of College: _____

Location: _____

Years Attended: _____ # Hours Completed: _____ Major: _____

Graduate?: _____ When?: _____ Degree: _____

Name of Technical School: _____

Location: _____

Years Attended: _____ # Hours Completed: _____ Field: _____

Graduate?: _____ When?: _____ Degree/certificate: _____

B. Special Scholastic Honors/Abilities:

List and describe: _____

III. EDUCATION OF THE DECEDENT (continued)

- C. Special Interests: _____
- D. Expressed Vocational Interests: _____
- E. Before death, educational goals (e.g. 2-year college, 4-year college, or technical school) _____

IV. 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	_____	_____
19	_____	_____
19	_____	_____

C. Gross Annual Income:

	FATHER	MOTHER
19	_____	_____
19	_____	_____
19	_____	_____
19	_____	_____

D. Rate of Pay (Specify hourly/weekly/monthly/annual):

	FATHER	MOTHER
19	_____	_____
19	_____	_____
19	_____	_____
19	_____	_____

V. VOCATIONAL ASSESSMENT / PSYCHOLOGICAL EVALUATION

A. Has a vocational assessment been performed to determine the deceased child's pre-event earning capacities? Yes _____ No _____

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

1. Name: _____

2. Title(s): _____

3. Address: _____

4. Telephone: _____

VI. SUMMARY OF SUPPORTING DOCUMENTATION REQUIRED

(Check yes only if document is included with information forwarded to Dr. Wood.)

	Is the document <u>Enclosed</u> ?	
	<u>yes</u>	<u>no</u>
A. Complaint and Answer	_____	_____
B. Depositions of:		
1. Parent(s)	_____	_____
2. Other Relevant Parties	_____	_____
C. Vocational Assessment Report	_____	_____
D. School Transcripts	_____	_____
E. (Parents) Complete Income Tax Returns and W-2 Wage and Tax Statements (legible copies do not send originals) for the past 5 years	_____	_____