

**INFORMATION FORM
FOR
APPRAISAL OF FINANCIAL LOSS DUE TO WRONGFUL DEATH OF A MAN**

TO BE COMPLETED BY ATTORNEY OR ATTORNEY'S STAFF

NAME OF DECEDENT: _____

NAME OF SPOUSE (if not married, name of Personal Representative): _____

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: _____

Date of Beginning of Earnings Impairment _____

(if different from date of death)

I. **RELEVANT DATES** (continued)

B. Family Members:

	<u>NAME</u>	<u>BIRTH DATE</u>
Spouse	_____	_____
Children	_____	_____
	_____	_____
	_____	_____

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>
Spouse	_____	_____
Children	_____	_____
	_____	_____
	_____	_____

C. BEFORE-DEATH, is there any reason to believe that, for reasons of health or habit, the decedent had less than a normal:

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

D. During the five (5) years BEFORE-DEATH, list the average number of work days per year spent NOT at work:

	DUE TO:	DID PAY CONTINUE?	
		(YES)	(NO)
1. Sickness	_____	_____	_____
2. Hospitalizations	_____	_____	_____
3. Vacation	_____	_____	_____
4. Temporary Layoffs	_____	_____	_____
5. Job Seeking	_____	_____	_____
6. Other (specify)	_____	_____	_____

III. EDUCATION OF THE DECEDENT

Name of High School: _____

Location: _____

Years Attended: _____ Diploma or GED: _____

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: _____

Other training: _____

IV. EMPLOYMENT HISTORY

A. Employment at Time of Death:

1. Employer: _____

Address: _____

Telephone: _____

2. Position/Job Title: _____

3. Job Description: _____

4. Date of Beginning Employment (above employer): _____

5. Average Hours Worked Per Week:

(a) Regular Hours: _____

(b) Overtime Hours: _____

IV. EMPLOYMENT HISTORY (continued)

6. Average Weeks per Year Worked: _____
 (include paid vacations)

7. At what age did the decedent plan to retire? _____

B. Previous Employment:

	Employer Name	Effective Dates (From - - To)	Position/Job Title
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

V. SALARY OR WAGE RATES

A. BEFORE-DEATH:

List salary or wage rates over the 5 years immediately before death:

<u>month</u>	Effective Dates <u>day</u>	<u>year</u>	Specify Rate per: <u>HOURLY/WEEK/MONTH/YEAR</u>
_____	_____	19	_____
_____	_____	19	_____
_____	_____	19	_____
_____	_____	20	_____
_____	_____	20	_____

B. Amount, if any, paid in Union Dues: _____

C. Regarding employment at time of death: _____

If the man had not died and his work had remained satisfactory,
 what pay raises would he have received?

<u>month</u>	Effective Dates <u>day</u>	<u>year</u>	Specify Rate per: <u>HOURLY/WEEK/MONTH/YEAR</u>
_____	_____	19	_____
_____	_____	19	_____
_____	_____	19	_____
_____	_____	20	_____
_____	_____	20	_____

(note: request this information in a statement from the employer)

VI. EMPLOYEE BENEFITS

A. Health Insurance Provided by Employer

1. Was the decedent covered?
2. Were the dependents covered?
3. At the time of death, how much, if any, did the decedent pay for health insurance coverage for:

	<u>\$ Amount Paid</u>	<u>Specify per Pay Period Month/Year</u>
a. Himself	_____	_____
b. Dependents	_____	_____

4. Has coverage for the dependents stopped:
Yes _____ No _____
5. If coverage has stopped, list effective date: _____
6. Have the dependents purchased new health insurance?
YES: _____ NO: _____
7. If yes:

<u>Effective Date Coverage Began</u>	<u>\$ Amount Paid</u>	<u>Specify per Pay Period Month/Year</u>
_____	_____	_____

B. Dental Insurance Provided by Employer

1. Was the decedent covered? _____
2. Were the dependents covered? _____
3. At the time of death, how much, if any, did the decedent pay for dental insurance coverage for:

	<u>\$ Amount Paid</u>	<u>Specify per Pay Period Month/Year</u>
a. Himself	_____	_____
b. Dependents	_____	_____

4. Has coverage stopped: Yes _____ No _____
5. If coverage has stopped, list effective date: _____

VII. EMPLOYEE BENEFITS (continued)

6. Have the dependents purchased new dental insurance?
YES: _____ NO: _____

7. If yes:

<u>Effective Date</u> <u>Coverage Began</u>	<u>\$ Amount Paid</u>	<u>Specify per Pay Period</u> <u>Month/Year</u>
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C. Retirement/Pension Plan Benefits

1. Did the decedent participate in a retirement/pension plan?
YES: _____ NO: _____

2. How many years, months, and days had the decedent participated in the plan at the time of death?

D. Savings/401(k) Plan

1. Did the decedent participate in a company sponsored savings/401(k) plan?
YES: _____ NO: _____

2. How many years had the decedent participated in the plan at the time of death? _____

3. What percentage of the decedent's gross annual income was contributed to the plan?

a. By the man? _____%

b. By the employer? _____%

E. Other Employee Benefits: (list and describe): _____

VIII. ADDITIONAL EMPLOYMENT HISTORY

A. Was the decedent working for any additional employers?
 Yes _____ No _____

(If yes, complete the following sections; if no, skip to item IX)

B. Additional employer:
 1. Complete name of additional employer _____

2. Address of additional employer _____

3. Phone number of additional employer _____

C. Salary or wage rate from the additional employment _____
 (indicate whether hourly, biweekly, monthly, or annual)

D. Date began employment with this employer _____

E. Was the decedent covered by any benefits with this employer?
 Yes _____ No _____

If yes, specify: _____

IX. PERSONAL/FAMILY SERVICES (Chores)

This excludes employment, recreational, leisure, and family time.

A. BEFORE-DEATH

Types of Personal/Family Services Performed by Man:

1. Inside Chores

	<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>
Cook Meals	_____	_____	Canning/Freezing	_____	_____
Baking	_____	_____	Vacuum	_____	_____
Wash Dishes	_____	_____	Dusting	_____	_____
Sweep/Mop/Wax	_____	_____	Clean Bathrooms	_____	_____
Wash Windows	_____	_____	Take out Trash	_____	_____
Laundry	_____	_____	Other	_____	_____
Ironing	_____	_____	Other	_____	_____

IX. PERSONAL/FAMILY SERVICES (Chores) (continued)

2. Outside Chores

	YES	NO		YES	NO
Mow Lawn	_____	_____	Weeding	_____	_____
Rake Leaves	_____	_____	Pump Gas/Check	_____	_____
Trim Shrubs	_____	_____	Tire Pressure	_____	_____
Wash/Wax Car	_____	_____	Grocery Shopping	_____	_____
Paint House:			Clothes Shopping		
Inside	_____	_____	for Family	_____	_____
Outside	_____	_____	Tend Vegetable	_____	_____
Clean Gutters	_____	_____	Garden	_____	_____
Pet Care	_____	_____	Auto Repairs	_____	_____
Other (specify):	_____	_____	Home Repairs	_____	_____
			Carpentry Work	_____	_____

3. Child Care (includes children living in the household only)

	<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>
Car Pool	_____	_____	Chauffeur	_____	_____
Bathe Children	_____	_____	Dress Children	_____	_____
Feed Infants	_____	_____	Change Diapers	_____	_____
Health Care	_____	_____	Help w/ Homework	_____	_____
Baby-sitting	_____	_____			

B. BEFORE-DEATH

Average Number of Hours Per Day:

(Note: The average man performs approximately 10 hours per week of personal/family services.)

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:				_____

X. SUMMARY OF SUPPORTING DOCUMENTATION REQUIRED

- A. Complaint and Answer
- B. Depositions of:
 - 1. Decedent's spouse/PR
 - 2. Decedent's Employer/Pers. Mgr.
 - 3. Other Relevant Parties
- C. Complete Income Tax Returns and W-2 Wage and Tax Statements (legible copies, do not send originals) for the past 5 years
- D. Payroll Records
- E. Last Pay Stub
- F. Benefit Booklets (containing formulas)
 - 1. Health Insurance
 - 2. Dental Insurance
 - 3. Retirement/Pension Plan
 - 4. Savings/401(k) Plan
 - 5. Annual Benefits Statements
 - 6. Union Agreements (if applicable)