

Lost Earnings & Wrongful Termination Questionnaire

Plaintiff's Name: _____ Plaintiff's Date of Birth: ____ / ____ / ____
(last, first, middle) month day year

Gender: _____ Race / Ethnicity: _____

Which of the following best describes your citizenship?

Natural Born (U.S.) Naturalized Other: _____

Is English the plaintiff's native language? Yes No

If no, please rate the level of English fluency: (please mark one)

Very well Well Not well Not at all

Highest grade completed / highest degree received: _____

Which of the following best describes your Marital Status: (please mark one)

Single Married Separated Divorced Widowed

Please provide the first name and date of birth of minor children or other dependents: _____

Date of the plaintiff's incident: ____ / ____ / ____
month day year

Occupation and Earnings History:

Here we are going to ask several questions about the plaintiff's employment and earnings history **prior to the incident**. There are questions and space for responses for up to three jobs/employers.

Job 1 prior to the incident, please provide the information requested.

Employer: _____ Occupation: _____

Hours worked per week: _____ Commute to work: _____ minutes

Annual income: Year: _____ Year: _____ Year: _____

Amount: _____ Amount: _____ Amount: _____

Following the incident, can the plaintiff continue working for this employer? Yes No

If no, last day working was ____ / ____ / ____ ; terminated on ____ / ____ / ____
month day year month day year

Lost Earnings & Wrongful Termination Questionnaire

Job 2 prior to the incident, please provide the information requested.

Employer: _____ Occupation: _____

Hours worked per week: _____ Commute to work: _____ minutes

Annual income: Year: _____ Year: _____ Year: _____

Amount: _____ Amount: _____ Amount: _____

Following the incident, can the plaintiff continue working for this employer? Yes ___ No ___

If no, last day working was ___ / ___ / ___ ; terminated on ___ / ___ / ___
month day year month day year

Job 3 prior to the incident, please provide the information requested.

Employer: _____ Occupation: _____

Hours worked per week: _____ Commute to work: _____ minutes

Annual income: Year: _____ Year: _____ Year: _____

Amount: _____ Amount: _____ Amount: _____

Following the incident, can the plaintiff continue working for this employer? Yes ___ No ___

If no, last day working was ___ / ___ / ___ ; terminated on ___ / ___ / ___
month day year month day year

Please provide a letter or employee manual from the plaintiff's employer(s) that includes documentation of the plaintiff's fringe benefits at the time of incident.

Has the plaintiff returned to work since the date of the incident? Yes ___ No ___ If no, then please skip the remainder of this section.

Was the plaintiff required to relocate in order to obtain the new job(s)? Yes ___ No ___

If yes, please list the relocation costs that were incurred (dollar amount and use) _____

Lost Earnings & Wrongful Termination Questionnaire

Here we are going to ask several questions about the plaintiff's employment and earnings history after the incident. There are questions and space for responses for up to three jobs/employers.

Has the plaintiff left the replacement employment? Yes ___ No ___ If no, please provide a reason. _____

Was the plaintiff required to relocate in order to obtain the new employment(s)? Yes ___ No ___

If yes, please list the relocation costs that were incurred (dollar amount and use) _____

Job 1 after to the incident, please provide the information requested.

Employer: _____ Occupation: _____

Date employment: ___ / ___ / ___
Month day year

Hours worked per week: _____ Commute to work: _____ minutes

Annual income: Year: _____ Year: _____ Year: _____
Amount: _____ Amount: _____ Amount: _____

Job 2 after to the incident, please provide the information requested.

Employer: _____ Occupation: _____

Date employment: ___ / ___ / ___
Month day year

Hours worked per week: _____ Commute to work: _____ minutes

Annual income: Year: _____ Year: _____ Year: _____
Amount: _____ Amount: _____ Amount: _____

Lost Earnings & Wrongful Termination Questionnaire

Job 3 after to the incident, please provide the information requested.

Employer: _____ Occupation: _____

Date employment: ____ / ____ / ____
Month day year

Hours worked per week: _____ Commute to work: _____ minutes

Annual income: Year: _____ Year: _____ Year: _____

Amount: _____ Amount: _____ Amount: _____

Please provide a letter or employee manual from the plaintiff's current employer(s) that includes documentation of the plaintiff's fringe benefits, if the plaintiff's current employer is different from his/her employer at the time of the incident.

Does the plaintiff have any preexisting medical conditions or disabilities? Yes ___ No ___ If yes, do they restrict the amount or type of work the plaintiff can perform? _____

Other documents required:

Copy of the complaint

Copy of relevant depositions (particularly that of the plaintiff and/or family)

Copy of relevant expert reports (e.g., occupational therapist, psychologist, etc.)

Documentation of earnings (please provide tax returns, W-2 forms, paycheck stubs, etc.)

Pre-incident earnings

Post-incident earnings

Fringe benefits (please provide letter from the employer, employee manual, etc.)

Pre-incident earnings

Post-incident earnings

Lost Earnings & Wrongful Termination Questionnaire

Other considerations:

Did the plaintiff receive incidental cash on the job in the form of tips and/or bonuses? If so, please forward documentation of wages from tips and/or bonuses to:

Thomas Carroll & Associates, LTD
2470 St. Rose Pkwy.
Las Vegas, Nevada 89074

Name of person completing the questionnaire and date completed:

Name: _____
(last, first, middle)

Date: ____ / ____ / ____
month day year

Relationship to decedent: _____

Phone: _____ Email: _____

Address: _____