

Adult Wrongful Death Questionnaire

Name of Decedent: _____

(last, first, middle)

Decedent's Date of Birth: ____ / ____ / ____
month day year

Decedent's Date of Death: ____ / ____ / ____
month day year

Gender: _____ Race / Ethnicity: _____

Which of the following best describes the decedent's citizenship?

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

Was English the decedent'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 by the decedent: _____

Which of the following best describes the decedent's 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: _____

Did the decedent have any extraordinary consumption habits from which heirs received no benefit? Yes No

If yes, please explain. _____

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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

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

What was the date of the decedent's last day working? ___ / ___ / ___
month day year

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Including vacation time, how many weeks was the decedent employed in the year prior to his/her last way working?

Did the decedent's employer pay health insurance (i.e., COBRA)? Yes ___ No ___

Did the decedent's employer pay into a retirement program (kind, contribution, etc.)? Yes ___ No ___

Did the decedent have any of the following?

Difficulty dressing or bathing Yes ___ No ___

Serious difficulty hearing Yes ___ No ___

Blindness or difficulty seeing, even with glasses Yes ___ No ___

Difficulty doing errands alone, such as visiting a doctor's office Yes ___ No ___

Serious difficulty walking or climbing stairs Yes ___ No ___

Serious difficulty concentrating, remembering, or making decisions Yes ___ No ___

Any other difficulties not listed here Yes ___ No ___

If yes was answered to any of these seven questions, please explain. _____

If the decedent had any of the disabilities above, did they restrict the amount of work he/she could perform? Please describe any and all restrictions. _____

Please list any other preexisting conditions the decedent had. _____

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Time Use

Please estimate the hours per week on these and similar activities prior to the decedent's death. If the decedent did not perform one of the listed activities, please put a "0" in the space provided.

Household Activities

Cooking: _____ hours per week
Cleaning: _____ hours per week
Laundry: _____ hours per week
Lawn / Garden care: _____ hours per week
Other: _____ hours per week
Total: _____ hours per week

If other services listed, please specify: _____

Caring for other individuals

Care of children: _____ hours per week
Care of disabled family members: _____ hours per week
Laundry: _____ hours per week
Care of elderly: _____ hours per week
Care of other adults: _____ hours per week
Total: _____ hours per week

Leisure, Recreation, Miscellaneous Activities

Socializing, relaxing, and leisure: _____ hours per week
Sports, exercise, and recreation: _____ hours per week
Religious and spiritual: _____ hours per week
Volunteering: _____ hours per week
Total: _____ hours per week

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Other Considerations

Are there any household chores or other activities that are no longer done by the decedent as a result of the death?

Please explain. _____

Please list any hourly costs that are being incurred to replace lost time completing household chores or other activities.

Are there any activities that can no longer be enjoyed by the decedent as a result of his/her death? Please explain. _____

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Other Documents Required

Below is a list of additional documents that are required to evaluate the plaintiff's case.

1. Copy of complaint from the plaintiff's attorney
2. Copy of relevant expert reports, including Medical report documenting disability, doctor's report and/or Social Security Disability Rating
3. Copy of relevant depositions (particularly that of the plaintiff and/or family members)

Name of person completing the questionnaire and date completed:

Name: _____
(last, first, middle)

Date: ____ / ____ / ____
month day year

Relationship to decedent: _____

Phone: _____ Email: _____

Address: _____