

## Client Questionnaire for Shipp Needham Economic Analysis

### Case Data

Completed by
Date Submitted
Date Report Requested
Type of Case ( ) Personal Injury ( ) Wrongful Death ( ) Wrongful Termination

### Injured Party Information

Injured Party's name	
Address	
City, State, Zip	
Work Phone	
Home Phone	
Cell Phone	

### Attorney Information

Attorney	
Firm	
Address	
Phone Number	
Cell Phone	
Email Address	
Paralegal's name	
Paralegal's email	
Other Contact	

### Opposing Counsel Information

Attorney	
Firm	
Address	
Phone Number	
Cell Phone	
Email Address	

Attorney	
Firm	
Address	
Phone Number	
Cell Phone	
Email Address	

### Judge/Jurisdiction

Name of Judge			
Jurisdiction	Federal	State	Arbitration
City			
County			
State			
Date of Mediation			
Date of Trial			
Date of Arbitration			

### Assumptions

Description of Injury			
Date of Birth			
Date of Injury			
Date of Death			
Date of Termination			
Gender		Race	Marital Status

Highest Level of Education Achieved	
	Less than High School Diploma
	High School Diploma
	Some College, no degree
	Associates Degree
	Bachelors Degree
	Advanced Degree

Professional Certifications

Additional Training

### Employment History

Dates of Employment	
Name of Employer	
Position	
Pay per hour or Salary	
Regular Hours/Week	
Overtime Hours/Week	
Income (W-2, 1040, Pay Stub)	
Per Diem	
Work Related Expenses	

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Pay per hour or Salary	
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Income (W-2, 1040, Pay Stub)	
Per Diem	
Work Related Expenses	

### Fringe Benefits

Actual Dollars Paid by Employer for Employee's Benefit \_\_\_\_\_.

Check the appropriate boxes

FICA-OASDI Component		Pension Plan Premiums	
FICA-Medicare Component		Life Insurance – Death Benefits	
Unemployment Compensation		Medical Hospital Insurance	
Workers Compensation		Short Term Disability	
Defined Benefit Pension		Long Term Disability	
Defined Contribution(e.g. 401(K))		Dental Insurance	
Profit Sharing		Vision Care	
Stock Bonus/ESOP's		Paid Rest Periods	
Vacations		Employee Education	
Sick Leave		Holidays	

**Mitigation**

**Mitigation Employment History**

Dates of Employment	
Name of Employer	
Position	
Pay per hour or Salary	
Regular Hours/Week	
Overtime Hours/Week	
Income (W-2, 1040, Pay Stub)	
Per Diem	
Work Related Expenses	

**Mitigating Fringe Benefits**

Actual Dollars Paid by Employer for Employee's Benefit \_\_\_\_\_.

Check the appropriate boxes

FICA-OASDI Component	<input type="checkbox"/>	Pension Plan Premiums	<input type="checkbox"/>
FICA-Medicare Component	<input type="checkbox"/>	Life Insurance – Death Benefits	<input type="checkbox"/>
Unemployment Compensation	<input type="checkbox"/>	Medical Hospital Insurance	<input type="checkbox"/>
Workers Compensation	<input type="checkbox"/>	Short Term Disability	<input type="checkbox"/>
Defined Benefit Pension	<input type="checkbox"/>	Long Term Disability	<input type="checkbox"/>
Defined Contribution(e.g. 401(K))	<input type="checkbox"/>	Dental Insurance	<input type="checkbox"/>
Profit Sharing	<input type="checkbox"/>	Vision Care	<input type="checkbox"/>
Stock Bonus/ESOP's	<input type="checkbox"/>	Paid Rest Periods	<input type="checkbox"/>
Vacations	<input type="checkbox"/>	Employee Education	<input type="checkbox"/>
Sick Leave	<input type="checkbox"/>	Holidays	<input type="checkbox"/>

**Family Assumptions**

	Spouse/ Childs name	DOB	Gender	Race	Lives with Injured party
Spouse					
Youngest Child					
2 <sup>nd</sup> Youngest					
3 <sup>rd</sup> Youngest					
4 <sup>th</sup> Youngest					
5 <sup>th</sup> Youngest					

**Notes**

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