

Case 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	

Judge/Jurisdiction

Name of Judge			
Jurisdiction	Federal	State	Arbitration
City			
County			
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	
<input type="checkbox"/>	Less than High School Diploma
<input type="checkbox"/>	High School Diploma
<input type="checkbox"/>	Some College, no degree
<input type="checkbox"/>	Associates Degree
<input type="checkbox"/>	Bachelor's Degree
<input type="checkbox"/>	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	

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		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	

Family Assumptions

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

Notes
