

ECO-STAT LLC

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PERSONAL INJURY QUESTIONNAIRE

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In order for us to serve you better, please answer all applicable questions if possible. Thank you.

1. Name and telephone number(s) of injured person:
2. Date of birth and sex of injured person:
3. Names and birth dates of spouse, all dependents, and all household members:
4. Date of injury (and date of onset of loss if different than date of injury):
5. Pre-injury income history, please provide:
All **pre-injury** income for as many years as available. Also supply supporting material such as pay stubs, income tax returns, and/or W-2s.
6. Post-injury income history, please provide:
All **post-injury** income, such as Social Security, insurance, Workers' Compensation and disability benefits, as well as wages. Include all mitigating income. Also supply supporting material such as pay stubs, income tax returns/W-2s.
7. Planned age/time of retirement before injury, and after injury:
8. Fringe benefits please provide all employer-paid benefits:
Pre-injury and **post-injury** fringe benefits. Include: health plan, dental plan, life insurance, pension, retirement plan, and Social Security contributions. Attach a copy of any employer benefit plan and/or union contract, if available.
9. Job maintenance expenses, please provide:
Pre-injury and **post-injury** job maintenance expenses. Include unreimbursed employee work expenses (i.e., union dues, work-appropriate clothing, transportation, meals away from home).

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- 10. Level of education of injured person:

- 11. Employment record of injured person. Please include employer(s) name(s), occupation(s), dates of employment and pay rate at **each** place of employment. (Attached additional sheets if necessary.)

- 12. Please provide reports and evaluations of medical and vocational/rehabilitation experts relevant to this matter.

- 13. List any expected extraordinary future medical expense items, their current cost, and the number of years (the relevant time period) for which these expenses will be incurred (i.e., doctor visits, medication, therapy, attendant care).

- 14. List any expenses required for special items such as home or vehicle modifications (i.e., stairway ramps).

- 15. Can injured person provide the same type and value of services to the home and family that was performed prior to the injury? Please indicate average hours per week if there is a loss of household services.

	Before	After
Automotive	_____	_____
Child Care	_____	_____
Cleaning	_____	_____
Cooking	_____	_____
Electrical	_____	_____
Finances	_____	_____
Laundry	_____	_____
Maintenance & Repairs	_____	_____
Painting	_____	_____
Plumbing	_____	_____
Shopping	_____	_____
Yard/Garden	_____	_____
Other (list)	_____	_____
Total Hours Per Week	_____	_____

16. If injured person must live in a health care facility, or hire a live-in nurse or visiting home attendant, please provide the expected present-day cost of such care.
17. If uninjured spouse was employed, please provide income history. Please note if spouse's employment changed as a result of the injury.
18. Please supply any additional information regarding economic losses not covered in the above questions, and attach supporting documentation if available.
19. Name of firm and attorney(s) handling this matter:
20. Date report is due and scheduled trial date. (If report due date is less than 2 weeks, please include attorney's home phone number and a **\$500.00** expediting fee).
21. How did you hear about ECO-STAT?