



Lost Earnings Checklist

1. General Information:

Attorney Name: _____ P [] D []

Name of opposing counsel: _____

Case title and court jurisdiction: _____

Trial Date: _____ **Please enclose copy of complaint.**

2. Plaintiff Information:

Plaintiff's Name: _____

Date of Birth: _____

Date of Injury: _____

Gender and ethnic origin: _____

Highest Level of education: _____

Marital status: _____

Family members living with Plaintiff:

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Employment at Date of Injury:

Company name: _____

Date of hire: _____

Rate of pay at date of injury: _____

Hourly _____ or salaried _____ ?

Union job: Yes [] No [] Local No.: _____

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Does income include:

Payment for overtime	Yes []	No []
Payment for bonuses	Yes []	No []
Other special payments	Yes []	No []

4. Fringe benefits:

Medical Insurance	Yes []	No []	Pension	Yes []	No []
Dental Insurance	Yes []	No []	Stock Options	Yes []	No []
Vision Insurance	Yes []	No []	Profit Sharing	Yes []	No []
Tax-Deferred Savings	Yes []	No []			

Was plaintiff offered COBRA coverage Yes [] No []

5. Current Employment:

Company name: _____

Date of hire: _____

Rate of pay at date of injury: _____

Hourly _____ or salaried _____?

Union job: Yes [] No [] Local No.: _____

Does income include?

Payment for overtime	Yes []	No []
Payment for bonuses	Yes []	No []
Other special payments	Yes []	No []

6. Fringe benefits on current job:

Medical Insurance	Yes []	No []	Pension	Yes []	No []
Dental Insurance	Yes []	No []	Stock Options	Yes []	No []
Vision Insurance	Yes []	No []	Profit Sharing	Yes []	No []
Tax-Deferred Savings	Yes []	No []			

7. Other employment between date of injury and date of hire at current employer:

Employer: _____

Dates of employment: _____

Total earnings per year: _____

Fringe benefits: _____

8. Vocational Rehabilitation Consultant? _____

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Please enclose copies of the following information:

- The Complaint
- Documentation of five years of pre-injury earnings such as W2 earnings statements, year-end pay stubs, or personnel records
- Pay stubs or personnel records showing pay rates and the dates that pay rates changed
- Documents showing the value of employer contributions to fringe benefits, such as annual Benefits Statements or employee handbooks
- Documents showing the employee cost of fringe benefits, such as pay stubs and employee handbooks
- COBRA documents
- W2 earnings statements for post-injury employment
- Recent pay stub, if currently employed
- Fringe benefit information for jobs at post-injury employers

For union membership:

- Copies of union contracts showing wage schedules and fringe benefit contribution rates for the last five years of employment and any period since date of injury
- Hours worked records from union