



VALUATION ASSOCIATES, INC.

FORENSIC ECONOMICS

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ECONOMIC ANALYSIS QUESTIONNAIRE

Type of Case (check one): Personal Injury
 Wrongful Death
 Wrongful Termination

Today's Date: _____

Date Report Needed: _____

Questionnaire completed by: _____
(First & Last Name)

Date of Trial: _____ Cause No: _____ Federal Court _____ State Court _____

Style: _____

Name: _____ Contact Person: _____ Telephone: _____
(plaintiff or the deceased if death case)

Date of Birth: _____ Race: _____ Date of Incident: _____

List spouse and dependents if applicable:

NAME	RELATIONSHIP	DATE OF BIRTH	LIVING AT HOME

Education: _____

Special Skills/Training: _____

Earnings at the time of incident: _____ Employer: _____

Yrs. With Employer _____ Job Title: _____ Average Yearly O/T Hours: _____

Average Yearly O/T Rate: _____ Union Member? _____

Receive commission? _____ If yes, what was basis of commission: _____

Check benefits related to employment at the time of the incident:

- Medical Dental Profit Sharing Life Insurance Long-Term Disability
- Short-Term Disability Car Allowance Pension: Defined Contribution (401K type)
 Defined Benefit
- Other _____

