

# BROOKSHIRE BARRETT & ASSOCIATES, LLC

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## INFORMATION GUIDESHEET

2011

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### **PLEASE COMPLETE ALL RELEVANT SECTIONS OF THIS DOCUMENT.**

*Call us anytime for help in understanding and completing. An important part of our responsibility is to ensure that we obtain the necessary, foundation information for our analysis and to support your efforts and make the collection of information as easy and efficient as possible.*

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### **\*PLEASE MARK TYPE OF SERVICE NEEDED FOR THIS CASE.**

<input type="checkbox"/> LOSS OF EARNING CAPACITY
<input type="checkbox"/> WRONGFUL DEATH (Complete Section A)
<input type="checkbox"/> PERSONAL INJURY (Complete Section A and Section B)
<input type="checkbox"/> FUTURE MEDICAL OR CARE COSTS (Complete Section A thru Section C)
<input type="checkbox"/> LOSS OF HOUSEHOLD SERVICES (Complete Section A and Section D)
<input type="checkbox"/> VOCATIONAL ANALYSIS REQUESTED (Complete Section A & Section E) - Contact George Barrett for scheduling of evaluation

**FOR ALL CASE TYPES PLEASE COMPLETE SECTIONS A-1 THRU A-19 FOR ALL CASES**  
**(Please print or type)**

A-1: **HIRING ATTORNEY:** \_\_\_\_\_  
(FORMAL NAME)

Counsel for:  PLAINTIFF  DEFENSE

NAME OF FIRM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

A-2: **ATTORNEY'S LEGAL ASSISTANT:** \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

DIRECT DIAL TELEPHONE NUMBER: \_\_\_\_\_

A-3: **OPPOSING ATTORNEY:** \_\_\_\_\_

A-4: **COURT AND LOCATION:** \_\_\_\_\_

A-5: **JUDGE:** \_\_\_\_\_

A-6: **TRIAL BEGINNING DATE:** \_\_\_\_\_

MEDIATION DATE: \_\_\_\_\_

A-7: **EXPECTED TESTIMONY DATE:** \_\_\_\_\_

A-8: **DATE ANALYSIS MUST BE COMPLETED:** \_\_\_\_\_

A-9: **NAME OF INJURED/DECEASED:** \_\_\_\_\_

**A-10: SEX AND RACE OF INJURED/DECEASED:** \_\_\_\_\_

**A-11: BIRTHDATE OF INJURED/DECEASED:** \_\_\_\_\_

**A-12: DATE OF INJURY (IF APPLICABLE):** \_\_\_\_\_

**A-13: DATE OF DEATH (IF APPLICABLE):** \_\_\_\_\_

**A-14: PLEASE INDICATE BELOW THE HIGHEST LEVEL OF EDUCATION COMPLETED BY THE INJURED/DECEASED:**

_____	NON-HIGH SCHOOL GRADUATE		
_____	HIGH SCHOOL GRADUATE (GED INCLUDED)		
_____	VOCATIONAL SCHOOL		
_____	SOME COLLEGE (NO DEGREE)	MAJOR:	_____
_____	ASSOCIATES DEGREE	DEGREE:	_____
_____	BACHELORS DEGREE	DEGREE:	_____
_____	MASTERS DEGREE	DEGREE:	_____
_____	PROFESSIONAL DEGREE	DEGREE:	_____
_____	DOCTORATE DEGREE	DEGREE:	_____

**A-15: MARITAL STATUS OF INJURED/DECEASED:** \_\_\_\_\_

(IF APPLICABLE):

NAME OF SPOUSE: \_\_\_\_\_

BIRTHDATE OF SPOUSE: \_\_\_\_\_

SPOUSE'S JOB TITLE/EMPLOYER: \_\_\_\_\_

SPOUSE HOURS WORKED PER WEEK BEFORE INJURY: \_\_\_\_\_

SPOUSE HOURS WORKED PER WEEK AFTER INJURY: \_\_\_\_\_

NAMES AND BIRTHDATES OF CHILDREN WHO ARE LIVING AT HOME WITH THE INJURED/DECEASED:

_____	_____
_____	_____
_____	_____

**A-16: RESIDENCE AT TIME OF INJURY OR DEATH:**

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

CURRENT RESIDENCE IF DIFFERENT FROM ABOVE:

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

DATE OF RELOCATION: \_\_\_\_\_

**FOR CASES INVOLVING EARNING CAPACITY**

COMPLETE SECTIONS A-17 THRU A-19

**A-17: EMPLOYER AT TIME OF INJURY/DEATH:** \_\_\_\_\_  
**JOB TITLE AT TIME OF INJURY/DEATH:** \_\_\_\_\_  
**UNION AT TIME OF INJURY/DEATH:** \_\_\_\_\_  
**BEGINNING DATE OF EMPLOYMENT WITH EMPLOYER AT TIME OF INJURY/DEATH:** \_\_\_\_\_  
**LAST DATE OF WORK AT TIME OF INJURY/DEATH:** \_\_\_\_\_  
**HOURS WORKED PER WEEK AT DATE OF INJURY/DEATH:** \_\_\_\_\_  
**RATE OF PAY AT TIME OF INJURY/DEATH:**  
                                  **HOURLY RATE:** \_\_\_\_\_                                   **OR**  
                                  **SALARY RATE:** \_\_\_\_\_                                   **OR**  
                                  **OTHER (SPECIFY):** \_\_\_\_\_

**A-18: EARNED INCOME:**

Our goal is to obtain a documented earnings history for the deceased or injured person beginning 5-10 years before the death or injury and for any time period of earnings after an injury. We might consider up to 20 years of an earnings history; in general, more years of a documented history are preferred to less years. Earned income would include wages, salaries, bonuses, business or partnership income, commissions, tips, etc., but not “passive” income such as dividends and interest. The supporting documentation that we need includes:

- Income tax returns.
- W-2 statements.
- Individual earnings histories from the Social Security Administration (SSA). These are now sent to every participant. The injured person or designated survivor can also obtain a copy from their nearest SSA office (locations can be found at <http://s3abaca.ssa.gov/pro/foi/foi-home.html> or <http://www.ssa.gov>).
- Payroll records and/or written correspondence with the employer or labor union.

**A-19 EMPLOYER CONTRIBUTIONS TO FRINGE BENEFITS**

List value of fringe benefits the employer was contributing on behalf of the Injured/Deceased at the date of injury/death.\*

**EMPLOYER CONTRIBUTIONS:**

YEAR \_\_\_\_\_ (This must be the same for all categories unless otherwise noted)

**LEGALLY REQUIRED BENEFITS**

SOCIAL SECURITY	_____ YES	_____ NO
WORKERS’ COMPENSATION	_____ YES	_____ NO
UNEMPLOYMENT COMPENSATION	_____ YES	_____ NO

**OTHER FRINGE BENEFITS**

HEALTH CARE/MEDICAL PLAN \$ \_\_\_\_\_ PER MONTH  
RETIREMENT PLAN \$ \_\_\_\_\_ PER MONTH

OR \$ \_\_\_\_\_ % OF WAGES

DENTAL PLAN \$ \_\_\_\_\_ PER MONTH  
VISION PLAN \$ \_\_\_\_\_ PER MONTH  
LIFE INSURANCE \$ \_\_\_\_\_ PER MONTH

ADDITIONAL FRINGE BENEFITS:  
(Profit Sharing, Thrift Or Bonus Plans, Legal, Childcare, Cafeteria-Style Benefits, Etc.)

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Please DO NOT include payments for time not worked, such as holidays, sick leave, and vacation pay.

If possible, please include descriptive information from any pension plan, or include an Employee Benefits Statement if provided by the employer.

\*Note: fringe benefit values are often confused in regard to employee v. employer contributions. The Injured/Deceased's contributions toward a benefit plan are not considered because the contribution dollars are paid out of the gross earnings wage base. Projecting annual gross earnings and projecting contribution dollars paid out of the annual gross earnings would be a form of double counting. The employer, on the other hand, makes contributions to an employee's fringe benefit plan in addition to paying the individual's gross wages.

**B. PERSONAL INJURY CASES:**

PLEASE ATTACH OR CALL US TO DISCUSS A SEPARATE REPORT FROM A VOCATIONAL EXPERT ON EARNING CAPCAITY AFTER THE INJURY.

**C. CASES INVOLVING FUTURE MEDICAL OR CARE COSTS:**

**WHEN SHOULD THE COST OF CARE REPORT BEGIN?**

AT TRIAL DATE: \_\_\_\_\_ OR  
(MONTH) (DAY) (YEAR)

DATE OF INJURY: \_\_\_\_\_ OR  
(MONTH) (DAY) (YEAR)

OTHER: \_\_\_\_\_  
(MONTH) (DAY) (YEAR)

Please attach or call us to discuss a separate report from a Life Care Planner. The life care plan should include the following information for each cost of care item:

1. Start and Stop Dates.
2. Frequencies.
3. Cost of item in dollars of a stated year.

(For example: "The injured will need a wheelchair every five years from 1998 through life expectancy. The cost of a wheelchair is \$3,000 in 2005 dollars.")

**D. CASES INVOLVING LOST HOUSEHOLD SERVICES:  
(COMPLETE D-1 THRU D-6)**

**D-1: HOUSEHOLD SERVICES GUIDELINES FOR DATA COLLECTION**

When determining the number of hours an individual used to perform these types of duties, there are several factors to consider:

1. Breaking down the Injured/Deceased's typical week of available hours. For example, if someone is employed 40 hours per week, the following time would be available to perform household services:

<u>Hours available</u>	<u>Hours used</u>	<u>Balance</u>
Hours in one week	168	168
Employment	40	128
Driving to/from work (1 hr round-trip, 5 days/wk)	5	123
Sleeping (8 hrs/night)	56	67
Eat, relax, personal grooming (3 hrs/day)	24	43

In the above example, if the Injured/Deceased used every available hour performing household services, the loss would not typically be more than 43 hours per week.

2. Remembering that several types of household services can be performed simultaneously. For example, an individual can be cooking dinner, running the clothes washer, and supervising the children at the same time. We cannot allow a double or triple count of lost hours of services to be replaced. (Assume that our replacement person will be paid by the hour and may also be providing multiple services in a single hour.)
3. Considering the type of case (wrongful death or personal injury). In a death case, the lost hours would normally have to constitute a loss to the survivors, not the decedent. The decedent's time monitoring their own bank account or washing their own car is not lost to a surviving spouse. In an injury case, however, the loss is to the Injured/Deceased and the family members, and the inability to provide services to oneself is a loss through the Injured/Deceased's life expectancy.
4. Making sure hours do not include "tinkering" around the house looking for things to do, or hobby-type activities.

5. Determining whether the hours are a one-time event, such as one-time work on a recently purchased house or automobile.
6. Determining if lost weekly hours are seasonal. Yard work at 5 hours per week, for example, during half the year is a 2.5-hour weekly average for the entire year.

In an injury case, "pre-injury" household services hours are the hours the individual performed before the injury. "Post-injury" household services hours are the hours the individual could perform after the injury. The net loss would be the difference between the two. In a death case, the "pre-injury" household services hours constitute the entire loss.

Lost household services are valued by a replacement cost. Our office will usually obtain this information.

### HOUSEHOLD SERVICES HOURS PER WEEK

CATEGORY	PRE-INJ HRS/WK	POST-INJ HRS/WK
MEAL PREPARATION		
MEAL CLEANUP		
INDOOR/OUTDOOR CLEANING		
INDOOR/OUTDOOR REPAIRS AND MAINTENANCE		
LAWN CARE		
CLOTHING CARE		
CHILD CARE, INSTRUCTION/COUNSELING		
CHAUFFEURING		
SHOPPING AND RUNNING ERRANDS		
MANAGING FAMILY FINANCES		
OTHER PLEASE DETAIL UNDER SECTION D-4)		
<b>TOTAL HOUSEHOLD SERVICES HRS/WK</b>		

**D-2: Estimate the number of hours per week the Injured/Deceased was employed on the date of injury: (This information is needed to utilize national data regarding household services hours.)**

Pre Injury: \_\_\_\_\_ hours per week

Post Injury: \_\_\_\_\_ hours per week

**D-3: Estimate the number of hours per week the Injured/Deceased's spouse was employed on the date of injury: (This information is needed to utilize national data regarding household services hours.)**

Pre Injury: \_\_\_\_\_ hours per week

Post Injury: \_\_\_\_\_ hours per week

**D-4 "OTHER": Please detail other categories and average weekly hours listed in the above chart.**

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**D-5: Detail by year from date of the injury or death any costs incurred in replacing lost household services:**

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**E. CASES INVOLVING VOCATIONAL EXPERT SERVICES:**

Contact George Barrett for the types of information they will need regarding the completion of a Vocational Analysis for your client. They may be reached at (304) 766-6384 or by email at [info@forensiceconomics.org](mailto:info@forensiceconomics.org)