

BROOKSHIRE BARRETT & ASSOCIATES, LLC

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INFORMATION GUIDESHEET FOR MINOR CHILD CASES 2010

PLEASE COMPLETE ALL RELEVANT SECTIONS OF THIS DOCUMENT.

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

PLEASE MARK TYPE OF SERVICE NEEDED FOR THIS CASE.

<input type="checkbox"/> LOSS OF EARNING CAPACITY
<input type="checkbox"/> WRONGFUL DEATH
<input type="checkbox"/> PERSONAL INJURY
<input type="checkbox"/> FUTURE MEDICAL OR CARE COSTS
<input type="checkbox"/> MLB&A VOCATIONAL ANALYSIS REQUESTED Also contact George Barrett to schedule an evaluation.

ATTORNEY INFORMATION:

HIRING ATTORNEY: _____
(FORMAL NAME)

Counsel for: PLAINTIFF DEFENSE

NAME OF FIRM: _____

ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

E-MAIL ADDRESS: _____

ATTORNEY'S LEGAL ASSISTANT: _____

E-MAIL ADDRESS: _____

DIRECT DIAL TELEPHONE NUMBER: _____

OPPOSING ATTORNEY: _____

COURT AND LOCATION: _____

JUDGE: _____

TRIAL BEGINNING DATE: _____

MEDIATION DATE: _____

EXPECTED TESTIMONY DATE: _____

DATE ANALYSIS MUST BE COMPLETED: _____

INJURED/DECEASED INFORMATION:

Name of Injured/Deceased: _____

Birth Date of Injured/Deceased: _____

Sex and Race of Injured/Deceased: _____

Date of Injury (if applicable): _____

Date of Death (if applicable): _____

Age Injured/Deceased Started First Grade: _____

Last Completed School Year and Grade: _____

City and/or County of Residence at time of Injury/Death: _____

PLEASE INDICATE BELOW THE HIGHEST LEVEL OF EDUCATION COMPLETED BY EACH PARENT:

FATHER

MOTHER

_____ Non-High School Graduate

_____ Non-High School Graduate

_____ H.S. Graduate/GED

_____ H.S. Graduate/GED

_____ Vocational School

_____ Vocational School

_____ Some College (No Degree)

_____ Some College (No Degree)

_____ Associate Degree

_____ Associate Degree

_____ Bachelor Degree

_____ Bachelor Degree

_____ Master Degree

_____ Master Degree

_____ Professional Degree

_____ Professional Degree

_____ Doctorate Degree

_____ Doctorate Degree

ADDITIONAL INFORMATION:

1. **Please send a copy of Injured/Deceased's school transcripts. Also testing scores, such as achievement, SAT, or ACT. (if applicable)**
2. **Cases involving future medical and care costs, please attach a separate report from a life care planner.**
3. **Cases involving personal injury, please attach a separate report from a vocational expert or information needed for Mr. Barrett to proceed with vocational analysis (see page 3).**
4. **List separately any legal guidelines or special situations that you feel might affect this economic analysis. (In a wrongful death case, for example, state the nature of the personal consumption deduction and/or personal maintenance deduction. As another example, do you wish to have an analysis of the lost enjoyment of life or of the lost ability to function usually and normally? As a final example, how is collateral source income to be treated?)**

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