

Attorney: \_\_\_\_\_

Case name: \_\_\_\_\_

Date of incident: \_\_\_\_\_

**Personal and Family Information**

\_\_\_\_\_ Name (Last, First, Initial) \_\_\_\_\_ Date of birth (mm/dd/yyyy) \_\_\_\_\_ Gender (M/F) \_\_\_\_\_ Race

\_\_\_\_\_ Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code

My preferred contact method:

\_\_\_\_\_ Home phone \_\_\_\_\_ Cell phone  Home  Cell

\_\_\_\_\_ Email address \_\_\_\_\_ Marital status

**If married, complete the following for spouse:**

\_\_\_\_\_ Date of marriage (mm/dd/yyyy)

\_\_\_\_\_ Name (Last, First, Initial) \_\_\_\_\_ Date of birth (mm/dd/yyyy) \_\_\_\_\_ Gender (M/F) \_\_\_\_\_ Race

\_\_\_\_\_ Employer \_\_\_\_\_ Job title \_\_\_\_\_ Current annual earnings

**If there are children, complete the following for each child:**

\_\_\_\_\_ Name (Last, First, Initial) \_\_\_\_\_ Date of birth (mm/dd/yyyy) \_\_\_\_\_ Gender (M/F)

\_\_\_\_\_ Name (Last, First, Initial) \_\_\_\_\_ Date of birth (mm/dd/yyyy) \_\_\_\_\_ Gender (M/F)

\_\_\_\_\_ Name (Last, First, Initial) \_\_\_\_\_ Date of birth (mm/dd/yyyy) \_\_\_\_\_ Gender (M/F)

\_\_\_\_\_ Name (Last, First, Initial) \_\_\_\_\_ Date of birth (mm/dd/yyyy) \_\_\_\_\_ Gender (M/F)

\_\_\_\_\_ Name (Last, First, Initial) \_\_\_\_\_ Date of birth (mm/dd/yyyy) \_\_\_\_\_ Gender (M/F)

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**Educational Background – check all that apply**

<input type="checkbox"/> GED	_____	_____	_____
	Institution name		Date received (mm/dd/yyyy)
<input type="checkbox"/> Trade school	_____	_____	_____
	Institution name	Date entered (mm/dd/yyyy)	Date graduated (mm/dd/yyyy)
<input type="checkbox"/> High school	_____	_____	_____
	Institution name	Date entered (mm/dd/yyyy)	Date graduated (mm/dd/yyyy)
<input type="checkbox"/> College	Major: _____	Degree received: _____	
	_____	_____	_____
	Institution name	Date entered (mm/dd/yyyy)	Date graduated (mm/dd/yyyy)
<input type="checkbox"/> Graduate school	_____	Degree received: _____	
	_____	_____	_____
	Institution name	Date entered (mm/dd/yyyy)	Date graduated (mm/dd/yyyy)
<input type="checkbox"/> Post graduate	_____	_____	_____
	_____	_____	_____
	Institution name	Date entered (mm/dd/yyyy)	Date graduated (mm/dd/yyyy)

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**Continuing Education**

_____	_____	_____
Course name	Institution name	Date completed (mm/dd/yyyy)
_____	_____	_____
Course name	Institution name	Date completed (mm/dd/yyyy)
_____	_____	_____
Course name	Institution name	Date completed (mm/dd/yyyy)
_____	_____	_____
Course name	Institution name	Date completed (mm/dd/yyyy)

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## Current Employment

_____ Current employer		_____ Job title/occupation	_____ Date of hire (mm/dd/yyyy)	
_____ Business address		_____ City	_____ State	_____ Zip code
_____ Current earnings		_____ Union member (Y/N)	_____ Name of union	
<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-weekly		
<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually			

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## Wage History

Enter earnings for the preceding five (5) years:

<i>Year</i>	<i>Earnings</i>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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## Employment History

1.

_____ Employer name		_____ Job title
_____ Date of hire (mm/dd/yyyy)	_____ Date of termination (mm/dd/yyyy)	_____ Earnings

2.

_____ Employer name		_____ Job title
_____ Date of hire (mm/dd/yyyy)	_____ Date of termination (mm/dd/yyyy)	_____ Earnings

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### Employment History (cont.)

3.

\_\_\_\_\_  
Employer name

\_\_\_\_\_  
Job title

\_\_\_\_\_  
Date of hire (mm/dd/yyyy)

\_\_\_\_\_  
Date of termination (mm/dd/yyyy)

\_\_\_\_\_  
Earnings

4.

\_\_\_\_\_  
Employer name

\_\_\_\_\_  
Job title

\_\_\_\_\_  
Date of hire (mm/dd/yyyy)

\_\_\_\_\_  
Date of termination (mm/dd/yyyy)

\_\_\_\_\_  
Earnings

5.

\_\_\_\_\_  
Employer name

\_\_\_\_\_  
Job title

\_\_\_\_\_  
Date of hire (mm/dd/yyyy)

\_\_\_\_\_  
Date of termination (mm/dd/yyyy)

\_\_\_\_\_  
Earnings

6.

\_\_\_\_\_  
Employer name

\_\_\_\_\_  
Job title

\_\_\_\_\_  
Date of hire (mm/dd/yyyy)

\_\_\_\_\_  
Date of termination (mm/dd/yyyy)

\_\_\_\_\_  
Earnings

7.

\_\_\_\_\_  
Employer name

\_\_\_\_\_  
Job title

\_\_\_\_\_  
Date of hire (mm/dd/yyyy)

\_\_\_\_\_  
Date of termination (mm/dd/yyyy)

\_\_\_\_\_  
Earnings

8.

\_\_\_\_\_  
Employer name

\_\_\_\_\_  
Job title

\_\_\_\_\_  
Date of hire (mm/dd/yyyy)

\_\_\_\_\_  
Date of termination (mm/dd/yyyy)

\_\_\_\_\_  
Earnings

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## Fringe Benefits

Check all that apply for employer fringe benefits. If known, enter annual amount paid by employer.

	Before incident annual amount	After incident annual amount
<input type="checkbox"/> Pension plan	_____	_____
<input type="checkbox"/> Profit-sharing	_____	_____
<input type="checkbox"/> 401(k) match	_____	_____
<input type="checkbox"/> Medical insurance	_____	_____
<input type="checkbox"/> Dental insurance	_____	_____
<input type="checkbox"/> Vision insurance	_____	_____
<input type="checkbox"/> Prescription drugs	_____	_____
<input type="checkbox"/> Life insurance	_____	_____
<input type="checkbox"/> Short-term disability	_____	_____
<input type="checkbox"/> Long-term disability	_____	_____
<input type="checkbox"/> Other	_____	_____

Description of other fringe benefits: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## Other Information

Please describe briefly any pre-incident and/or post-incident career plans: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**This is to certify that, to the best of my knowledge, the above information is complete and accurate:**

\_\_\_\_\_  
**Signature of preparer**

\_\_\_\_\_  
**Print name of preparer**

**Date:** \_\_\_\_\_

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**Please provide the following**

- Income tax returns, **including W-2 forms**, for the five years preceding the incident to present
- Recent pay stubs
- Employment agreements
- Union wage hour agreements
- Police reports
- Medical reports
- Copy of complaint filed
- Plaintiff's answers to interrogatories
- Transcripts of depositions

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Attorney: \_\_\_\_\_

Case name: \_\_\_\_\_

Date of incident: \_\_\_\_\_

*Indicate **hours** spent engaged in the following activities before and after the injury.  
Please answer as accurately and completely as possible.*

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**Inside Housework**

	Hours spent per week	
	Before injury	After injury
Laundry (includes sorting, pre-treating, folding, and putting away.	_____	_____
Ironing	_____	_____
Dusting	_____	_____
Vacuuming	_____	_____
Mopping floors	_____	_____
Making beds/changing linens	_____	_____
Kitchen cleaning	_____	_____
Bathroom cleaning	_____	_____
Taking out trash	_____	_____

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**Food, Cooking and Clean-up**

	Hours spent per week	
	Before injury	After injury
Meal planning	_____	_____
Food preparation	_____	_____
Setting the table	_____	_____
Dishwashing (by hand or machine)	_____	_____
Preserving foodstuffs	_____	_____
Putting away clean dishes	_____	_____

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## Pets, Home & Vehicles

	Hours spent per week	
	Before injury	After injury
Feeding pets	_____	_____
Walking, playing, training with pets	_____	_____
Grooming and veterinarian visits	_____	_____
Seasonal cleaning and decorating	_____	_____
Cleaning walls and cabinets	_____	_____
Washing windows	_____	_____
Repair	_____	_____
Remodeling	_____	_____
Painting	_____	_____
Plumbing and electrical	_____	_____
Roof and gutter maintenance	_____	_____
Lawn care	_____	_____
Gardening	_____	_____
Raking leaves	_____	_____
Snow removal	_____	_____
Automotive maintenance	_____	_____
Automotive cleaning	_____	_____

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## Household Management

	Hours spent per week	
	Before injury	After injury
Billpaying	_____	_____
Budgeting	_____	_____
Compiling information for tax returns	_____	_____
Preparing tax returns (if self-prepared)	_____	_____



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## Household Management (Cont'd)

	Hours spent per week	
	Before injury	After injury
Banking	_____	_____
Investment activity	_____	_____

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## Shopping

	Hours spent per week	
	Before injury	After injury
Food and household goods (only time spent in store)	_____	_____
Preparation and research (includes reviewing advertisements, composing a list, coupon clipping and organization, and obtaining rebates)	_____	_____
Putting away purchases	_____	_____
Clothing and shoes	_____	_____

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## Obtaining Services

	Hours spent per week	
	Before injury	After injury
Meeting with accountant or financial planner	_____	_____
Accompanying household member to doctor or dentist (not including commuting time)	_____	_____
Researching repairmen or contractors	_____	_____
Dealing with repairmen or contractors	_____	_____

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## Travel for Household Activity

	Hours spent per week	
	Before injury	After injury
Commuting to grocery or wholesale store	_____	_____
Commuting to dry cleaner	_____	_____
Commuting to doctors and dentists	_____	_____
Commuting to bank	_____	_____
Other household errand commuting	_____	_____

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Please provide a brief description of your current ability to participate in **meal preparation**. If there are tasks associated with meal preparation that you injuries prevent you from performing, who, if anyone, is now completing those tasks?

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Please provide a brief description of your current ability to participate in household **cleaning**. If there are tasks associated with household cleaning that you injuries prevent you from performing, who, if anyone, is now completing those tasks?

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Briefly describe your current ability to complete the tasks associated with household **laundry**. Please note any changes since the incident.

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If there are other tasks not previously covered which you cannot perform as a result of you injuries, please indicate.

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What difficulties, if any, do you have caring for you own needs, such as grooming, dressing and eating? Please explain any type of assistance required.

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What help, if any, do you require getting out of your home for personal needs or socializing?

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Have your social activities changed since your condition began?

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Do you have difficulty concentrating or completing tasks? Please provide examples.

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Do you have difficulty following written or verbal instructions? (for example, following a recipe, assembly instructions or directions).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_  
**Signature of preparer**

\_\_\_\_\_  
**Print name of preparer**

**Date:** \_\_\_\_\_

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