

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

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

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

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**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)

**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)

**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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## Employment at Time of Death

_____ 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 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

Pushkin & Pushkin, Inc.  
30 East Padonia Road • Suite 406 • Timonium, MD 21093  
Baltimore (410) 561-1945 • Washington, DC/Suburban MD (301) 951-9430  
Fax (410) 561-1725 • Email: MLPushkin@PushkinandPushkin.com

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

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

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

*Indicate the number of **hours** decedent spent engaged in the following activities.  
Please answer as accurately and completely as possible.*

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**Inside Housework**

	<b>Hours spent per week</b>
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**

	<b>Hours spent per week</b>
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

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

Billpaying	_____
Budgeting	_____
Compiling information for tax returns	_____
Preparing tax returns (if self-prepared)	_____
Banking	_____



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## Household Management (Cont'd)

	Hours spent per week
Investment activity	_____

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## Shopping

	Hours spent per week
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
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
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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\_\_\_\_\_  
**Print name of preparer**

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