



**Personal and Occupational Data
Required for Economic Loss Calculations**

1. Name in full:
2. Date and place of birth:
3. Sex and race:
4. Date of injury:
5. Trial date:
6. Extent of injury (if applicable please describe or submit information regarding the type and extent of mental/physical impairment). Attach any reports by vocational rehabilitation experts.
7. Education:
8. Occupation:
9. Geographic area of residence and occupation:

10. Wage and salary earning occupational history. List chronologically, last employment first, with job title and actual hourly, weekly, monthly or annual earnings for each. **Attach relevant Federal Income Tax returns.** Indicate plans for promotion or career change.

Also provide any performance evaluation information that is available or summarize the injured person's performance record.

11. Fringe benefits associated with lost employment. (Amounts employer contributed to pension/retirement plans, stock option plans, life and health insurance programs, dental insurance, etc.)
12. Any history of overtime in principal occupation and/or earnings from secondary occupation.
13. Detailed description of household tasks performed before and after the incident. Estimate hours worked per week in the conduct of home production including housework such as cleaning, food preparation & clean-up; yard & garden maintenance; home maintenance such as painting and repairs; car maintenance; shopping; caring for household members, etc. Please indicate the **number of hours** spent each week **before** and **after** the accident in chart below.

Household Activities	Hrs/Week Before Incident	Hrs/Week After Incident
Housework Food Preparation Lawn/Garden Hshld Management Interior Maintenance Exterior Maintenance Pets Vehicles Shopping Caring for Hshld Members Other		

14. Family data

(A) Spouse (essential in death cases and/or if after-tax calculations are appropriate)

1. Full Name:
2. Date of birth:
3. Sex and race:
4. Educational background:
5. Occupation, including job title and geographic area of employment:
6. Demonstrated earning capacity (list chronologically, last employment first, for period of marriage to subject) Attach relevant Federal Income Tax returns

(B) Children under 18

1. Full Name
2. Date(s) of birth
3. Current school or employment status
4. Dependency status of each child

15. Mental and physical health status prior to accident:

Please send this information to:

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