

FAX (828) 268-0101

EnterpriZ[®]
ECONOMIC CONSULTING LLC

To:	EnterpriZ Economic Consulting LLC	From:	
Phone	(828) 268-0102	Phone	
Fax	(828) 268-0101	Fax	
Date			

Please answer as many questions as possible and include your office's letterhead, relevant parts of interrogatives, your notes, etc. and/or a brief letter with this facsimile.

GENERAL CASE INFORMATION Name or Title of Case _____ Case Jurisdiction and Location _____ You represent the: <input type="checkbox"/> Plaintiff or <input type="checkbox"/> Defense Your firm's Case No. _____ Case Type: <input type="checkbox"/> Personal Injury <input type="checkbox"/> Wrongful Termination <input type="checkbox"/> Wrongful Death or <input type="checkbox"/> Other _____		
INFORMATION ABOUT YOUR CLIENT First Name _____ Middle _____ Last Name _____		
STATISTICAL INFORMATION Race: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Other _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth ____/____/____ <input type="checkbox"/> Date of Injury, <input type="checkbox"/> Termination, or <input type="checkbox"/> Death ____/____/____ Names and birth dates of spouse and all children _____ _____ Educational attainment of your client (If a minor, attach parents' education and occupation) _____ _____		
EARNINGS HISTORY <i>Fill out applicable information about your client or the decedent. Attach any supporting documents such as 1040's, W-2's, or income statements.</i>		
Year	Income	Occupation & Circumstances
2010		
2009		
2008		
2007		
2006		
2005		
2004		(Include additional pages if needed)

EARNINGS HISTORY (CONTINUED)

Fringe Benefits – *Most employees are unaware of the type and value of their employer paid fringe benefits. Be sure to mark all of the applicable types of benefits received before your client's losses.*

Did your client or the decedent have:

	<u>Include</u>	<u>Exclude</u>
• Legally Required Benefits (FICA, unemployment, etc.) Paid by virtually all employers and self-employed individuals	<input type="checkbox"/>	<input type="checkbox"/>
• Medical and Medical Related Benefits	<input type="checkbox"/>	<input type="checkbox"/>
• Retirement or Savings Plans, Life Insurance & Death Benefits	<input type="checkbox"/>	<input type="checkbox"/>
• Vacation, Educational Assistance, etc.	<input type="checkbox"/>	<input type="checkbox"/>

Please describe the injury, death, or termination's effect on your client's earnings capacity:

SUMMARY OF EXPENSES

Medical or re-employment expenses incurred so far \$ _____

Please describe future medical, re-employment, training, and educational expenses; include the expected year(s) and amount(s): _____

BILLING INFORMATION

EnterpriZ will bill your account:

- \$3,000 Economic Loss Report
- \$1,800 Analysis of a Life Care Plan
- \$750 Related Revision