

Email: consulting@enterpriz.com

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 relevant parts of interrogatives, your notes, etc. and / or a brief letter with this correspondence.

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, fill in parents' education and occupations) _____ _____

EARNINGS HISTORY
Fill out applicable information about your client or the decedent. Attach any supporting Documents such as 1040's, W-2's or income statements.

Year	Income	Occupation & Circumstances
2019		
2018		
2017		
2016		
2015		
2014		

(Include additional pages if needed)

EARNING HISTORY (CONTINUED)

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

<i>Did your client or the decedent have:</i>	<u>Include</u>	<u>Exclude</u>
● Legally Required Benefits (FICA, unemployment, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
● Insurance: Life, Health, Disability, etc.	<input type="checkbox"/>	<input type="checkbox"/>
● Retirement and Savings	<input type="checkbox"/>	<input type="checkbox"/>
● Paid Leave & Supplemental Pay	<input type="checkbox"/>	<input type="checkbox"/>

SUMMARY

BILLING INFORMATION

Please pay EnterpriZ Economic Consulting LLC:

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