

LOSS OF HUMAN VALUE OF LIFE

WRONGFUL DEATH VALUATION FORM

ATTORNEY INFORMATION:

Attorney Name: _____ Date: ____/____/____
Firm: _____
Street: _____
City, State, Zip: _____
Telephone: (____) _____ Facsimile: (____) _____
Email: _____
Case Name: _____

CASE INFORMATION:

Subject's Name: _____
Pre-Death Occupation: _____ Gender: M F
Date Of Birth: ____/____/____ Date Of Death: ____/____/____ Date Of Injury: ____/____/____
(if different)

MARITAL STATUS:

Single Married (Date of Marriage) ____/____/____ Separated Divorced

Spouse's Name: _____ Spouse's Date Of Birth: ____/____/____

Please attach the following:

- 1) A synopsis of how the decedent died.
- 2) A synopsis of the relationship between the decedent and the claimant(s).
- 3) A copy of the jury instructions and wrongful death statute that supports non-economic damages (society, consortium, guidance, love, affection, etc.) that you will be seeking to recover.
- 4) The wrongful death statute applicable in this case is for the state of _____

Please check all claimants whose damages you are seeking to recover:

Spouse Parents Estate
 Children Siblings Other (please explain)

Robert W. Johnson & Associates

4984 El Camino Real • Suite 210 • Los Altos, CA 94022

650/494-2413 • 800/541-7435 • FAX 650/494-2454

Website: www.rwja.com • Email: info@rwja.com

CASE INFORMATION (cont'd):**SUBJECT'S NAME:** _____**List all Claimants**

	Name	Date of Birth	Relationship to Decedent
1)	_____	___/___/___	_____
2)	_____	___/___/___	_____
3)	_____	___/___/___	_____
4)	_____	___/___/___	_____
5)	_____	___/___/___	_____
6)	_____	___/___/___	_____
7)	_____	___/___/___	_____
8)	_____	___/___/___	_____

PAYMENT:

Plaintiff Defense Evaluation needed by: ___/___/___

Enclosed is a retainer check for \$2,000 payable to **Robert W. Johnson & Associates.** \$ _____
 The retainer of \$2,000 is non-refundable and entitles the attorney to a verbal opinion and/or written report. Payment of all balances is due prior to releasing opinions and/or reports. If additional work (beyond 4 hours) is required, it will be invoiced at current hourly rates and will be due and payable upon receipt.

Case Set-Up Fee (Non-Refundable) \$ 500.00

Additional Original Bound Reports: _____ copies @ \$50.00 each..... \$ _____

Total: \$

Please charge my: MC AMEX VISA Card # _____

Name as printed on card: _____ Expires: ___/___/___

Zip code of credit card billing address: _____

Signature: _____ Date: ___/___/___

AGREEMENT:

The undersigned hereby engages Robert W. Johnson & Associates with respect to the above named case and on the terms and conditions stated above. This contract is made in Los Altos, California on the day and year written below. Should litigation be needed to collect any charges pertaining to this case, Robert W. Johnson & Associates shall be entitled to attorney's fees and all costs of collection in addition to principal and finance charges.

Retaining Attorney's Signature: _____ **Date:** ___/___/___

All fees and rates are subject to change without notice.

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