

LOSS OF ENJOYMENT OF LIFE

PERSONAL INJURY VALUATION FORM

ATTORNEY INFORMATION:

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

CASE INFORMATION:

Subject's Name: _____ Gender: M F
Pre-Injury Occupation: _____
Post-Injury Occupation: _____
Date Of Birth: ____/____/____ Date Of Injury: ____/____/____

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 injury occurred and the current health status of the plaintiff.
- 2) A copy of the jury instructions and personal injury statute that represents non-economic damages (loss of enjoyment of life, loss of quality of life, pain and suffering, etc.) that you will be seeking to recover.
- 3) The personal injury statute applicable in this case is for the state of _____

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 Plaintiff
1)	_____	____/____/____	_____
2)	_____	____/____/____	_____
3)	_____	____/____/____	_____
4)	_____	____/____/____	_____
5)	_____	____/____/____	_____
6)	_____	____/____/____	_____
7)	_____	____/____/____	_____
8)	_____	____/____/____	_____

PAYMENT: Plaintiff Defense

Evaluation needed by: ____/____/____

Enclosed is a retainer check for \$3,100 payable to **Robert W. Johnson & Associates**. \$ _____
 Minimum, retainer for \$3,100 (includes a non-refundable Case Set-Up Fee of \$500 & Expert Designation Fee of \$600 for a total of \$1,100) payable to Robert W. Johnson & Associates. If additional work is required, it will be invoiced at current hourly rates and will be due and payable upon receipt. Payment of all balances is due prior to releasing opinions and/or reports.

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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