

# WAGE LOSS

## WRONGFUL DEATH VALUATION FORM

### ATTORNEY INFORMATION:

Attorney Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Firm: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Facsimile: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Case Name: \_\_\_\_\_

### CASE INFORMATION:

Subject's Name: \_\_\_\_\_

Race (for actuarial purposes only): \_\_\_\_\_ Gender:  M  F

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Injury: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(if different)

Spouse's Name: \_\_\_\_\_ Spouse's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Dependant(s) (not including spouse): \_\_\_\_\_ Age Dependant(s) leave(s) Household: \_\_\_\_\_

Dependant(s) Date(s) of Birth: 1) \_\_\_\_/\_\_\_\_/\_\_\_\_ 2) \_\_\_\_/\_\_\_\_/\_\_\_\_ 3) \_\_\_\_/\_\_\_\_/\_\_\_\_ 4) \_\_\_\_/\_\_\_\_/\_\_\_\_

### PRE-DEATH EARNINGS HISTORY:

Job Title: \_\_\_\_\_

Job Description: \_\_\_\_\_

Employer: \_\_\_\_\_

Last Five Years of Income:	Year	Annual Income	# of Months Worked	Employer Paid Fringe Benefits
(Data from W-2s, 1099s, pay stubs, etc.)	_____	\$ _____	_____ months	<input type="checkbox"/> Medical
	_____	\$ _____	_____ months	<input type="checkbox"/> Dental
	_____	\$ _____	_____ months	<input type="checkbox"/> Pension
	_____	\$ _____	_____ months	<input type="checkbox"/> Other
	_____	\$ _____	_____ months	

Please list additional information (job changes and dates, career plans, promotions, etc.) on a separate sheet.

### 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](http://www.rwja.com) • Email: [info@rwja.com](mailto:info@rwja.com)

## LOSS TO WHOM:

SUBJECT'S NAME: \_\_\_\_\_

The wrongful death statute applicable in this case requires that the economic loss is:

- Loss to survivor    Loss to estate    Loss to survivor and estate    Other (explain on separate sheet)

## FAMILY DATA:

- 1) Should the lost household services be included?    Yes    No
- 2) Did the spouse work or plan to work?    Yes    No
- 3) Did the subject's family have any other source of income other than wages?    Yes    No
- 4) Please describe spouse's income and any employer paid fringe benefits (health insurance, etc.) on a separate sheet. Include costs if known.
- 5) Please describe any non-wage income (interest, rent, etc.) on a separate sheet.

## PAYMENT:

- Plaintiff    Defense   Evaluation needed by: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Minimum retainer for \$2,500 (includes \$1,050 non-refundable) 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.   \$ \_\_\_\_\_
- Case Set-Up Fee (Non-Refundable)**   \$ 500.00
- Additional Original Bound Reports: \_\_\_\_\_ copies @ \$50.00 each.....   \$ \_\_\_\_\_
- Check   **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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WRONGFUL DEATH WAGE LOSS  
SUPPLEMENTAL INFORMATION NEEDED

- Brief synopsis of case or copy of complaint.
- Income for past 3 to 5 years (W2's, 1099's, Schedule C's, etc.).
  - Same for spouse (for consumption calculation), if spouse has outside income.
- Plaintiff's fringe benefits and the cost of the benefits paid by the employer on behalf of the employee. We are looking for the employer's contribution. Fringe benefits can consist of: medical, dental, vision, life, 401k matching portion, pension, auto allowance, etc.
  - Same for spouse (for consumption calculation) if spouse has outside income.