

WAGE LOSS

WRONGFUL TERMINATION VALUATION FORM

ATTORNEY INFORMATION:

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

CLIENT INFORMATION:

*Subject's Name: _____ Date of Birth: ____/____/____
Race (for actuarial purposes only): _____ Gender: M F
Marital Status: Single Married Separated/Divorced
Date of Termination: ____/____/____
*Pre-Termination:
Employer: _____ Occupation: _____
Description of termination and how it affects subject's earnings capacity (pre-termination career plans):

*Post-Termination:
Employer: _____ Occupation: _____
*Date Post -Termination Employment Started: ____/____/____
* Post -Termination Rate of Pay (career plans):

OTHER INFORMATION:

Please describe the subject's education and any other relevant information:

Robert W. Johnson & Associates

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

650/494-2413 • 800/541-7435 • FAX 650/968-4528

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

EARNINGS HISTORY:

SUBJECT'S NAME: _____

Please list the Subject's earnings beginning 4 years prior to termination:

PRE-TERMINATION		POST-TERMINATION	
Year	Amount (\$)	Year	Amount (\$)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FRINGE BENEFITS:

Please describe pre-termination employer-paid fringe benefits (i.e. health insurance, pension, etc.) and include amounts, if known.

Please describe post-termination employer-paid fringe benefits (i.e. health insurance, pension, etc.) and include amounts, if known.

PAYMENT:

Plaintiff Defense Evaluation needed by: ____/____/____

Enclosed is a retainer check for \$5,000 payable to **Robert W. Johnson & Associates**. \$ _____
Minimum, non-refundable retainer for \$5,000 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..... \$ _____

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: ____/____/____

Robert W. Johnson & Associates

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

650/494-2413 • 800/541-7435 • FAX 650/968-4528

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