

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 \$3,300 payable to **Robert W. Johnson & Associates**. \$ _____
Minimum, retainer for \$3,300 (includes a non-refundable Case Set-Up Fee of \$500 & Expert Designation Fee of \$800 for a total of \$1,300) 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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