

# WAGE LOSS

## PERSONAL INJURY 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 Injury: \_\_\_\_/\_\_\_\_/\_\_\_\_

### PRE-INJURY 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, career plans, promotions, etc.) on a separate sheet.

All fees and rates are subject to change without notice.

**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)

POST-INJURY EARNINGS AND MEDICAL EXPENSES:

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

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

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

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

Full-time: \_\_\_\_\_ hours per week       Part-time: \_\_\_\_\_ hours per week

Last Five Years  
of Income:

Year	Annual Income	# of Months Worked	Employer Paid Fringe Benefits
_____	\$ _____	_____ 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, career plans, promotions, etc.) on a separate sheet.

Estimated Future Medical Expenses:

Medical Expenses to Date: \$ \_\_\_\_\_

Date	Expense	Description
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Include additional relevant information on a separate sheet.

**PAYMENT:**

Plaintiff       Defense      Evaluation needed by: \_\_\_\_/\_\_\_\_/\_\_\_\_

Enclosed is a retainer check for \$3,600 payable to **Robert W. Johnson & Associates**. \$ \_\_\_\_\_  
Minimum, retainer for \$3,600 (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..... \$ \_\_\_\_\_

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: \_\_\_\_/\_\_\_\_/\_\_\_\_

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PERSONAL INJURY 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).
- 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.