

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)

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 650/968-4528

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

OTHER INCOME:

SUBJECT'S NAME: _____

Source: _____

Start Date: ____/____/____

Current or projected **GROSS MONTHLY** amount: _____ (Attach Documents)

Source: _____

Start Date: ____/____/____

Current or projected **GROSS MONTHLY** amount: _____ (Attach Documents)

HOUSEHOLD SERVICES:

Date you were last able to provide household services: ____/____/____

City & State of Residence: _____

FAMILY DATA:

Spouse's Name: _____

Race (for actuarial purposes only): _____ Gender: M F

Date of Birth: ____/____/____ Work Status: PT: FT: None/Retired:

Planned Retirement Age: _____

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

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

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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)

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: ____/____/____

All fees and rates are subject to change without notice.

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Household/Home Services:

Prior to the date you were last able to provide household services, did you regularly perform activities in the following categories?

Category:	Yes	No
Inside Housework - Laundry, cleaning bathroom, dusting, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Food Cooking & Clean-up - Cooking meals, washing pots & pans, emptying dishwasher, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Pets, Home & Vehicles - Changing light bulbs, gardening, changing oil, feeding pets, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Household Management - Balancing checkbook, paying bills, locking up the house, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Shopping - Grocery shopping, gassing up car, picking up prescriptions, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Obtaining Services - Dropping off clothes at dry cleaner, talking on phone to utility company, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Travel for Household Activity - Driving to grocery store, bank, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Caring & Helping Household Children - Reading to, looking after, providing medical care, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Caring & Helping Household Adults - Going to doctor visits, assisting with medicine, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Caring & Helping Non-Household Members - Assist with chores, accompany to doctor, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Travel for Household Members - Driving to/from appointments, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Travel for Non-Household Members - Driving to/from appointments, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Nighttime Protection & Care (on-call services) - Providing nighttime assistance to someone not feeling well, security for the home, etc.	<input type="checkbox"/>	<input type="checkbox"/>

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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.).
- 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.