



DELTA ECONOMIC ADVISORS

Delta Economics Fact Finding Questionnaire

CASE NAME: _____ DATE: _____

Client(s): Plaintiff: _____ Defendant: _____

Attorney(s): Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Fax: _____ Fax: _____

Email: _____ Email: _____

Legal Assistant(s): Name: _____ Name: _____

Phone: _____ Phone: _____

Fax: _____ Fax: _____

Email: _____ Email: _____

Court Information: Location: _____ Case No.: _____

Court: _____ Trial Date: _____

Judge: _____

Checklist of Information For Determination of Economic Loss

1. Computation needed for:

Name: _____

Birth Date: _____ Sex: _____ Race: _____

2. This case involves: _____ Death

_____ Personal Injury

_____ Job Loss or Discrimination

_____ Marriage Dissolution

_____ Other (Explain) _____

3. Date of accident, termination, etc.: _____

4. Family:

Name	Birth Date	Relationship	Sex	Education
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



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Legal Forensic Economic Experts For Lawyers

5. Vocational Evaluation: In disability or employment termination matters a vocational evaluation is recommended to establish the foundation for the economic analysis.

Vocational specialist is being retained ___ Yes ___ No

Name: _____ Phone: _____
Address: _____

Please attach a copy of resume and evaluation.

6. Education/Training:

School	Location	Years	Diploma
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Employment Record: (Please indicate date last worked if relevant.)

Employer	Dates	Job	Pay Rate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. Earning Record: Please attach clear copies of Income Tax and W-2 Forms for as many years as possible before the event in question, and since, if any. Indicate any disability/death benefits received.

9. Career goals, plans or other information:



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14. Medical—Rehabilitation—Training Expenses To Date:

	Frequency	Duration*	Unit Cost	Source of Information
Hospitalization	_____	_____	_____	_____
Doctors' Care	_____	_____	_____	_____
Nursing Care	_____	_____	_____	_____
Medicines	_____	_____	_____	_____
Appliances	_____	_____	_____	_____
Physical Therapy	_____	_____	_____	_____
Vocational Therapy	_____	_____	_____	_____
Psychological Therapy	_____	_____	_____	_____
Transportation	_____	_____	_____	_____
Other (list)	_____	_____	_____	_____
	_____	_____	_____	_____

15. Expected Future Medical—Rehabilitation—Training Expenses or Life Care Plan:

	Frequency	Duration*	Unit Cost	Source of Information
Hospitalization	_____	_____	_____	_____
Doctors' Care	_____	_____	_____	_____
Nursing Care	_____	_____	_____	_____
Medicines	_____	_____	_____	_____
Appliances	_____	_____	_____	_____
Physical Therapy	_____	_____	_____	_____
Vocational Therapy	_____	_____	_____	_____
Psychological Therapy	_____	_____	_____	_____
Transportation	_____	_____	_____	_____
Other (list)	_____	_____	_____	_____
	_____	_____	_____	_____

*Life, 5 years, 1 year, etc.

16. Additional biographical, medical, or other information which may be of importance:

17. Form Completed by: _____ Date: _____