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CHECKLIST OF INFORMATION NEEDED FOR APPRAISAL PERSONAL INJURY/ADULT

Part I. Information About the Case

1. Full name of case
2. Provide a copy of the complaint filed by the plaintiff in this case, or provide a brief description of the circumstances giving rise to this matter if no complaint has yet been filed.
3. Court in which the case will be tried if it does not settle
4. Name of the judge that will hear the case
5. Name(s) of attorney(s) representing the defendant(s)
6. Expected date of trial
7. Date by which you wish to have my appraisal report in your hands

Part II. Personal Information About the Injured Plaintiff

1. Full name, date of birth, sex and race of the plaintiff; address and telephone number of plaintiff
2. Date of accident or incident
3. Education: name of institution, location, years attended, degree or certificate awarded; additional programs or courses taken
4. State of general health of the plaintiff prior to the accident (incident). Before the accident or incident, did plaintiff have an average life expectancy? After the accident or incident, does plaintiff have an average life expectancy? If pre- or post-accident life expectancy is not average, please explain.
5. Does the plaintiff smoke? If so, how much?
6. Does the plaintiff drink alcohol? If so, how much?
7. What is the plaintiff's height and weight? If these have changed since accident or incident, give details.
8. Provide medical reports and/or depositions providing the opinion of physicians and/or other medical experts about the plaintiff's injuries, prognosis and health.
9. Has the plaintiff ever been convicted of a crime? If so, give details.

Part III. Information About Spouse, Children and Other Dependents

1. Name, date of birth, sex and race of spouse; date of marriage
2. Education of spouse (use Part II, #3 above)
3. Employment of spouse (use Part V below)
4. State of general health of the spouse. Did the spouse smoke? If so, how much? Did the spouse drink alcohol? If so, how much?
5. Names and dates of birth of any children, or any other dependents
6. Did any of the children or other dependents have any health problems? If so, please explain.
7. Did any of the dependents work to help support the household?

Part IV. Family Longevity

1. Dates of birth (and dates of death if applicable) of parents and grandparents
2. Dates of birth (and dates of death if applicable) of siblings

Part V. Employment Information

1. Primary occupation and years employed, as well as the prospective occupation (if different)
2. Occupational training received (on-the-job, special training, etc.)
3. For 5 years immediately preceding the accident (or incident), provide information on the earnings of the plaintiff. Give hard evidence of these earnings by providing copies of tax returns and W-2 forms, or other employer payroll records. Request a copy of "Your Social Security Statement" for the plaintiff from the Social Security Administration at the web site <http://www.ssa.gov/online/ssa-7004.pdf>. If the plaintiff wants to make the request online, use this address: <https://s044a90.ssa.gov/apps6/iss/bp-7004home.jsp>
4. For 5 years immediately preceding the accident, if the plaintiff was paid by the hour, please indicate the hourly wage rates earned by the plaintiff over the five years immediately prior to the accident, and give the dates on which changes in the hourly rates of pay took effect. Attach employment contract if available.
5. Provide information about fringe benefits provided to the plaintiff. Indicate the amount of each fringe benefit paid by the employer and the amount paid for by the plaintiff: (Example: employee pays \$12.50 per week for health insurance; employer pays \$37.50) The most significant fringe benefits are usually health insurance and pension plan.
6. Provide the information requested in #3, #4 and #5 for the time between the date of the accident (or incident) and the present.
7. Indicate reasonably probable date of retirement, if known (e.g., age 65, earliest date of eligibility for social security, etc.)
8. Provide a complete copy of employment records if these are available, including performance evaluations.
9. Unless plaintiff is totally and permanently disabled, provide information from a vocational expert about the impact of the plaintiff's injuries on the plaintiff's future employability (i.e., type of jobs to which the plaintiff is now restricted, availability of such jobs in the local labor market, and hourly, daily, weekly or monthly pay for such jobs), and assessment of impact of injuries on plaintiff's volume of work (i.e., Must plaintiff work a reduced work week of less than 40 hours? Is it likely that plaintiff's length of working life will be shortened? e.g., from, say, a retirement at age 62, to, say, a retirement at age 55?)

Part VI. Household Services Performed

1. Please provide the information on the attached household services checklist.
2. What is the prevailing cost (per hour or per day) of hiring someone in the local labor market to provide the services the plaintiff has lost the capacity to provide or has a reduced capacity to provide?

Part VII. Past and Future Medical Costs and Costs of Care

1. If a computation of past and future medical costs is needed, add information about the amounts for past costs and the quantities and prices of future medical items (e.g., prescription drugs, orthopedic devices, etc.) and services (e.g., future necessary medical procedures such as surgery, physician and skilled nursing services, physical therapy, psychological services, etc.)

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2. For a plaintiff who will need substantial long-term assistance in performing the ordinary activities of daily living and medical care, it is recommended that a life-care plan be obtained from a life-care planning professional. Such a plan would serve as an essential ingredient on which my computations of future medical costs and the cost of care would be based.

Part VIII. Pertinent Documents Generated in the Case

Please supply copies of any documents pertinent to damages, such as depositions, answers to interrogatories, reports of other experts (physicians, vocational rehabilitation experts, life care planners, etc.)

Part IX. Information About Person Completing This Questionnaire

1. Name: _____
2. Phone Number: _____
3. Date Questionnaire Completed: _____