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**CHECKLIST OF INFORMATION NEEDED FOR APPRAISAL
PERSONAL INJURY/MINOR CHILD**

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
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 Minor

1. Full name, date of birth, sex and race of the minor; address and telephone number of minor
2. Date of accident or incident
3. Education: name of institution, location, years attended, degree or certificate awarded; additional programs or courses taken
4. Results of standardized tests taken in school; transcripts showing grades; any other available data or records indicating intelligence, aptitude and ability
5. Ambitions, aspirations and plans of the minor child for both career/occupation and for life in general
6. State of general health of the minor prior to the accident (incident). Before the accident or incident, did minor have an average life expectancy? After the accident or incident, does minor have an average life expectancy? If pre- or post-accident life expectancy is not average, please explain.
7. Does the minor smoke? If so, how much?
8. Does the minor drink alcohol? If so, how much?
9. Is there any evidence of use of illegal drugs, or of other illegal activity?

Part III. Family Information

1. Name, date of birth (and dates of death and cause of death, if applicable), and race of minor's mother and father
2. Dates of birth (and dates of death and cause of death, if applicable) of grandparents
3. Names and dates of birth (and dates of death and cause of death, if applicable) of siblings
4. If minor is married, name, date of birth, sex and race of spouse; date of marriage
5. Education of mother and father (use Part II, #3 above)
6. Employment and earnings of mother and father (use Part IV below)
7. State of general health of the mother and father. Please describe any serious health problems or conditions (heart disease, diabetes, cancer, etc.)
8. Do any of the minors siblings have any health problems? If so, please explain
9. Does the family have a library card? Newspaper and/or magazine subscriptions?

10. What religion does the family practice (Baptist, Protestant, Catholic, Jewish, Other)?

Part IV. Employment Information - If Applicable

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 minor. Give evidence of these earnings by providing copies of tax returns, W-2 forms, or other employer payroll records.
4. For 5 years immediately preceding the accident, if the minor was paid by the hour, please indicate the hourly wage rates earned by the minor 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 minor. Indicate the amount of each fringe benefit paid by the employer and the amount paid for by the minor: (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. Unless minor is totally and permanently disabled, provide information from a vocational expert about the impact of the minor's injuries on the minor's future employability (i.e., type of jobs to which the minor 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 minor's volume of work (i.e., Must minor work a reduced work week of less than 40 hours? Is it likely that minor'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 V. Household Services Performed - If Applicable

1. Please provide information about the household services performed by the minor as described 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 minor has lost the capacity to provide or has a reduced capacity to provide?

Part VI. 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.)
2. For a minor 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 VII. Information About Person Completing This Questionnaire

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