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CHECKLIST FOR WRONGFUL DEATH OF AN 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 Decedent

1. Full name, date of birth, sex and race of the decedent; address and phone of nearest relative
2. Date of accident or incident
3. Date of death
4. Education: name of institution, location, years attended, degree or certificate awarded; additional programs or courses taken
5. State of general health of the decedent prior to the accident (incident). Indicate whether the decedent had average health and life expectancy; if not average, please explain.
6. Did the decedent smoke? If so, how much?
7. Did the decedent drink alcohol? If so, how much? Illegal drugs?
8. What was the decedent's height and weight?
9. Had the decedent ever been convicted of a crime? If so, please explain.

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, #4 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?

(Continued)

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 About the Decedent

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. Most recent wage per hour/week/month or year. Attach employment contract if available.
4. Provide information on the earnings of the decedent for 5 years immediately preceding the accident or incident. 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 decedent from the Social Security Administration at the web site <http://www.ssa.gov/online/ssa-7004.pdf>
5. If the decedent was paid by the hour, please indicate the hourly wage rate earned by the decedent over the five years immediately prior to the accident, and give the dates on which changes in the hourly rate of pay took effect.
6. Provide information about fringe benefits provided to the decedent. Indicate the amount of each fringe benefit paid by the employer and the amount paid for by the decedent: (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.
7. Indicate reasonably probable date of retirement, if known (e.g., age 65, earliest date of eligibility for social security, employer defined-benefit pension, etc.)

Part VI. Household Services Performed by the Decedent

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 decedent provided?

Part VII. Decedent's Expenditures for Personal Maintenance

Please complete the attached decedent's expenditure checklist.

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: _____