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**CHECKLIST OF INFORMATION NEEDED FOR APPRAISAL  
DEATH OF A 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 Deceased Minor**

1. Full name, date of birth, sex and race of the deceased minor; address and telephone number of deceased minor's parents
2. Date of accident or incident
3. Date of death
4. Education: if applicable, give name of institution, location, years attended, degree or certificate awarded; additional programs or courses taken
5. School records, including results of standardized tests taken in school; transcripts showing grades; any other available data or records indicating intelligence, aptitude and ability
6. Ambitions, aspirations and plans of the minor child for both career/occupation and for life in general
7. State of general health of the minor prior to the accident (incident). Did minor have an average life expectancy? If not average, please explain.
8. Did the minor smoke? If so, how much?
9. Did the minor drink alcohol? If so, how much?
10. Was 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 was married, name, date of birth, sex and race of spouse; date of marriage
5. Education of mother and father (use Part II, #4 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 decedent's siblings have any health problems? If so, please explain.

**Part IV. Employment Information - If Applicable**

1. Indicate jobs held while attending school and summer jobs, if any
2. Occupational training received (on-the-job, special training, etc.)
3. Amount of hourly pay and annual earnings in the employment mentioned in #1
4. Indicate the nature of any fringe benefits provided with the employment mentioned in #1

### Part V. Household Services Performed - If Applicable and Available

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. Consumption Habits and Expenditures

1. Was the decedent still living at home with his or her parent(s)? If not, provide the information on the "decedent's expenditure list" if available. If still living at home, ignore the expenditure checklist and answer the following questions: Were the consumption habits and the expenditures by the decedent or by the decedent's parents on the decedent's behalf typical and normal? Was there anything unusual about the decedent's consumption habits and expenditures?

### Part VII. Information About Person Completing This Questionnaire

1. Name: \_\_\_\_\_
2. Phone Number: \_\_\_\_\_
3. Date Questionnaire Completed: \_\_\_\_\_