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**TERMINATION QUESTIONNAIRE**

1. Name of plaintiff, address and phone number.
2. Sex and race.
3. Level of education, degrees, dates obtained, names of schools attended
4. Date of birth.
5. Describe health status of plaintiff. Does plaintiff smoke tobacco? If so, how much? Does plaintiff use alcohol? If so, how much? What is plaintiff's height and weight?
6. Describe family circumstances of plaintiff: marital status; if married, name, date of birth, sex and race of spouse. Name(s), dates of birth of any children, and any other dependants living with the plaintiff. Describe general health of spouse and children.
7. Date of plaintiff's termination.
8. Job title and length of time with alleged wrongful termination employer
9. Provide pre-termination income and employment history for as many years as available. If available, provide tax returns, Forms W-2, check stubs, or payroll records.
10. Did plaintiff receive severance pay? If so, state the amount.
11. List all pre-termination employer paid benefits and the amount of the employer's contribution, if known. For example, social security, health insurance premiums, life insurance premiums, pension plan contributions.
12. Attach a copy of union contract, if applicable. Also provide name and phone number of union agent.
13. List all post-termination jobs and dates jobs started and ended if plaintiff has held more than one job since termination. Provide pay in each job. Also list all employer paid benefits in each job.
14. List all expenses incurred in obtaining a new job.
15. Add any additional information regarding economic losses not covered above. For example, if plaintiff receives unemployment benefits or disability benefits, are these considered mitigating income or collateral source?
16. If you are using a vocational rehabilitation expert, provide that expert's report.
17. Location of trial, name of trial judge, and scheduled trial date.
18. Copy of Complaint filed in this case.
19. Name(s) of opposing attorney(s).
20. Name of opposing economist.
21. Name of person completing this questionnaire and date completed.
22. Date by which you require my written report.