

Forensic Economics Corporation Data Sheet

ATTORNEY INFORMATION				GENERAL INFORMATION			
Attorney:				Claimant's Name:			
Law Firm:				Claimant's D.O.B.:			
Address:				Claimant's Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Phone #		Fax #		Claimant's Educational Level			
PERTINENT DATES				Spouse's Name:			
Date of Accident		/ /		Spouse's D.O.B.		/ /	
Date of Trial		/ /		Dependents			
Deadline for Report		/ /		Name/D.O.B.		/ /	
Date of Arbitration/Mediation: / / /				/ /			
FOR DEATH CASES				TRIAL INFORMATION			
Date of Death		/ /		Court:		Parish/District:	
Amount decedent used for subsistence maintenance (\$ or %). _____				Judge _____	Jury <input type="checkbox"/>	Bench <input type="checkbox"/>	
OCCUPATIONAL INFORMATION				TYPE OF CASE – RULE OF LAW Select One			
Occupation				<input type="checkbox"/> State Court	<input type="checkbox"/> Before Tax	<input type="checkbox"/> After Tax	
Employer				<input type="checkbox"/> Diversity	<input type="checkbox"/> Before Tax	<input type="checkbox"/> After Tax	
Work Hitch		Hourly Wage: \$ _____		<input type="checkbox"/> Jones Act/General Maritime			
Annual Earnings		CLAIMANT	SPOUSE	<input type="checkbox"/> Culver II			
Yr. of Injury	19 _____	\$ _____	\$ _____	<input type="checkbox"/> Other			
Pre Injury	19 _____	\$ _____	\$ _____	OCCUPATIONAL DISABILITY			
	19 _____	\$ _____	\$ _____	T&P <input type="checkbox"/>	Partial <input type="checkbox"/>	Both <input type="checkbox"/>	
	19 _____	\$ _____	\$ _____	If partial, at what earning capacity? \$ _____			
Post Injury	19 _____	\$ _____	\$ _____	If partial, beginning when? / / /			
	19 _____	\$ _____	\$ _____	OTHER			
Self Employed? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please provide Schedule C				Loss of Capacity to Enjoy Life		YES <input type="checkbox"/> NO <input type="checkbox"/>	
PERSONAL SERVICES <input type="checkbox"/>		FUTURE MEDICAL COSTS <input type="checkbox"/>		FRINGE CONTRIBUTIONS <input type="checkbox"/>			
Weekly Hours Precluded _____		Please attach supporting data (Lifecare plan, future recurring medicals)		\$ or % of employer's cost _____ (Please attach supporting data)			

Please provide additional information such as tax returns, W-2 Forms, ERISA benefit cost summaries, vocational rehabilitation reports, life care plans, etc., that contain relevant information.

Rehab Psychology Associates of New Orleans, LLC

Aaron M. Wolfson, Ph.D. of Rehab Psychology Associates can conduct a cost-effective **Pre-screening** with your client to determine whether or not the following services are appropriate:

- ◆ Comprehensive psychological testing
- ◆ Neuropsychological assessment
- ◆ Chronic pain assessment
- ◆ Record Review
- ◆ Life care Planning

Dr. Wolfson has completed post-doctoral training in rehabilitation psychology, and has specific expertise in identifying and treating the unique needs of individuals with physical and cognitive disabilities. Dr. Wolfson and his staff can provide individual and group psychotherapy if clinically indicated.

Would you like Rehab Psychology Associates to contact you regarding this case? Yes No

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www.forensiceconomics.net