

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"/>
Email:			Claimant's Educational Level:		
Phone #	Fax #		Spouse's Name:		
PERTINENT DATES			Spouse's D.O.B.	/ /	
Date of Accident	/ /		Dependent's Names		
Date of Trial	/ /				
Deadline for Report	/ /		Dependent's 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		
Occupation			State Court <input type="checkbox"/>	Before Tax <input type="checkbox"/>	After Tax <input type="checkbox"/>
Employer			Diversity <input type="checkbox"/>	Before Tax <input type="checkbox"/>	After Tax <input type="checkbox"/>
Work Hitch	Hourly Wage: \$		Jones Act/General Maritime <input type="checkbox"/>		
Annual Earnings Info	CLAIMANT	SPOUSE	Other <input type="checkbox"/>		
Year of Injury	\$	\$	OCCUPATIONAL DISABILITY		
Pre Injury	\$	\$			
	\$	\$			
	\$	\$			
Post Injury	\$	\$	T&P <input type="checkbox"/>	Partial <input type="checkbox"/>	Both <input type="checkbox"/>
	\$	\$	If partial, at what post-injury earning capacity?		
	\$	\$	If partial, beginning when? / /		
	\$	\$			
Self Employed? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please provide Schedule C					
PERSONAL SERVICES <input type="checkbox"/>		FUTURE MEDICAL COSTS <input type="checkbox"/>		FRINGE CONTRIBUTIONS <input type="checkbox"/>	
Weekly Hours Precluded: _____ hrs/wk		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, union documentation, vocational rehabilitation reports, life care plans, etc.					
Vocational Rehabilitation – Life Care Planning					
<u>Rehab Psychology Associates of New Orleans, LLC · Tel:(504) 236-7766</u>					
Rehab Psychology Associates of New Orleans can provide a number of forensic evaluations including:					
<ul style="list-style-type: none"> • Full vocational assessment to determine pre- and post-injury earning capacity • Comprehensive psychological evaluation to assess the emotional impact of accident, injury, or chronic pain on employability • Detailed Life Care Planning, including medical record review, in-home evaluation and detailed assessment of future medical costs 					
1710 Pine St.			Tel : (504) 874-1097		
New Orleans, Louisiana 70118			Fax: (504) 866-2100		
www.forensiceconomics.net					