

FAX (828) 268-0101

**EnterpriZ**<sup>®</sup>  
ECONOMIC CONSULTING LLC

**To:** EnterpriZ Economic Consulting, LLC      **From:**  
**Phone** (828) 268-0102                              **Phone**  
**Fax** (828) 268-0101                                **Fax**  
**Date**

Please answer as many questions as possible and include your office's letterhead, relevant parts of interrogatives, your notes, etc. and/or a brief letter with this facsimile.

**GENERAL CASE INFORMATION**

Name or Title of Case \_\_\_\_\_

Case Jurisdiction and Location \_\_\_\_\_

You represent the:  Plaintiff or  Defense      Your firm's Case No. \_\_\_\_\_

Case Type:  Personal Injury  Wrongful Termination  Wrongful Death or  Other \_\_\_\_\_

**INFORMATION ABOUT YOUR CLIENT**

Mr.  Miss  Ms.  Mrs.  Dr.  Other \_\_\_\_\_      First Name \_\_\_\_\_

Middle \_\_\_\_\_      Last Name \_\_\_\_\_       Jr.  Sr.  Other \_\_\_\_\_

**STATISTICAL INFORMATION**

Race:  Caucasian  African American  Other \_\_\_\_\_      Gender:  Male  Female

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_       Date of Injury,  Termination, or  Death \* \_\_\_\_/\_\_\_\_/\_\_\_\_

Names and birth dates of spouse and all children \_\_\_\_\_

Educational attainment of your client (If a minor provide parents' education and occupation)

**EARNINGS HISTORY**

Fill out applicable information about your client or the decedent. Attach any supporting documents such as 1040's, W-2's, or income statements.

Year	Income	Occupation & Circumstances
2008		
2007		
2006		
2005		
2004		
2003		

(Include additional pages if needed)



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**EARNINGS HISTORY (CONTINUED)**

Fringe Benefits – *Most employees are unaware of the type and value of their employer paid fringe benefits. Be sure to mark all of the applicable types of benefits received before your client's losses.*

<i>Did your client or the decedent have:</i>	<u>Include</u>	<u>Exclude</u>
<ul style="list-style-type: none"> <li>• Legally Required Benefits (FICA, unemployment, etc.) Paid by virtually all employers and self-employed individuals</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Medical and Medical Related Benefits</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Retirement or Savings Plans, Life Insurance &amp; Death Benefits</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Vacation, Educational Assistance, etc.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe the injury, death, or termination's effect on your client's earnings capacity:

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**SUMMARY OF EXPENSES (If applicable)**

Medical or re-employment expenses incurred so far \$ \_\_\_\_\_

Please describe future medical, re-employment, training, and educational expenses; include the expected year(s) and amount(s):

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**BILLING INFORMATION**

EnterpriZ will bill your account:

- \$2200 Economic Loss Report
- \$1500 Analysis of a Life Care Plan

Charge EnterpriZ's fees to:  Invoice  Master Card  VISA  American Express

Card issued to \_\_\_\_\_ Card number \_\_\_\_\_

Expiration date \_\_\_/\_\_\_/\_\_\_ Authorized Signature \_\_\_\_\_

