FAX (828) 268-0101

EnterpriZ

ECONOMIC CONSULTING LLC

То: Н	EnterpriZ Economic Consulting LLC	From:	
Phone: ((828) 268-1012	Phone:	
Fax: ((828) 268-0101	Fax:	
Date:			
Please answer as many questions as possible and include your office's letterhead, relevant parts of interrogatories, depositions, your notes, etc. and/or a brief letter with this facsimile. Please fax any additional data that doesn't fit within the space allotted.			
GENERAL CASE INFORMATION			
Name or Title of Case			
Case Jurisdiction & Location			
You represent the: Your Firm's Case Number:			
Case Type:			
INFORMATION ABOUT YOUR CLIENT Page:			
Race:			
Prefix:	First Name:	Middle Name:	
Last Name: Suffix: Gender:			
Date of Birth: Date of Injury, Death, etc.			
Name and birth date of spouse and all children:			
If your client is a minor, provide educational attainment and occupation of the parents.			
Educational Attainment:			
EARNINGS HISTORY Send W-2's, tax forms or income statements to support this data (W-2's are preferred data)			
Year Income Occupation & Circumstances (Multiple lines allowed as input - type a line, press Enter key - continue)			
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FRINGE BENEFITS - Mark the applicable employer-paid fringe benefits received			
	Include or Exclude		
Legally Required Benefits - (FICA, unemployment, etc. paid by most employers)			
Medical and Medical Related Benefits			
Retirement or Savings Plans, Life Insurance & Death Benefits			
Vacation, Educational Assistance, etc.			
Please describe the effect the incident (injury, termination, death, etc.) has had on your	client's income.		
SUMMARY OF EXPENSES (If Applicable)			
Medical or re-employment expenses incurred thus far:			
Please describe future medical, re-employment, training, and educational expenses including the expected year(s) and amount(s).			
BILLING INFORMATION EnterpriZ will bill your account - Payment m	nust be received before we fax the report.		
Service Type:			
PLEASE PRINT A COPY FOR YOUR RECORDS. YOU CAN FAX A	PRINTED COPY TO ENTERPRIZ		