

Fact-Finding Questionnaire

Employment Termination, Discrimination, Harassment, etc.

I. FOR COUNSEL

1. a) Retaining attorney (please print) _____
b) Name of firm _____
2. Court jurisdiction: Federal State
Court name _____
3. Estimated trial date (if known) _____
4. Deadline for submission of economic appraisal report _____
5. Provide copy of Complaint and Amended Complaint(s).
6. Provide copy of any relevant deposition transcripts and interrogatories, if available.
7. Has a vocational/employability expert been retained in this matter? Yes No
If yes, please indicate who the expert is and when the report can be expected (if not already provided). _____
8. May plaintiff be contacted directly to obtain additional information? If so, please inform your client that we may be contacting him/her and provide us with the telephone number(s) _____
and e-mail address _____.
9. Please have the plaintiff or some other responsible person complete the remainder of this questionnaire. Where helpful, attach explanatory or helpful information or documents.
10. The remainder of this questionnaire has been completed by:

Print Name

Please sign the completed Fact-Finding Questionnaire prior to submitting:

“I attest that the facts and statements provided are true.”

Signature

Date

II. PERSONAL INFORMATION REGARDING PLAINTIFF

- 1. Full name _____ 2. Gender: Male Female
- 3. Date of birth _____
- 4. Residence: Town _____ State _____
- 5. Educational attainment _____ 6. Year of graduation _____
- 7. Professional licenses and certificates held _____
- 8. Health during the year before employment separation _____
- 9. Marital status _____
- 10. If married, provide spouse's
Name _____ Date of birth _____
Educational attainment _____ Employed at time of incident? Yes No
Occupation _____ Full-Time Part-Time
Health during past year _____

III. FORMER EMPLOYMENT & EARNINGS INFORMATION

A. Employment

- 1. Name of Employer _____
- 2. Employment status: Full-Time Part-Time
- 3. Location: Town _____ State _____
- 4. Date of hire _____ 5. Date of termination/separation _____
- 6. Last day worked _____ 7. Date of last pay _____
- 8. Last job title _____

9. List any promotions, merit awards received prior to termination.

10. Average number of hours worked per week a) regular _____ b) overtime _____

11. Was a yearly bonus received? Yes No

If yes, please provide documentation showing yearly bonus payments (if available).

12. Union member? Yes No Union Name _____

If a union member, please provide collective bargaining agreements for three (3) years before the injury, and through the present time. Also provide statement of number of hours worked each year.

13. Please provide a recent resume or a synopsis of plaintiff's employment history.

14. What has been the financial health of plaintiff's former employer? Have there been any layoffs since the incident?

15. Did plaintiff have any plans to switch employers or occupations prior to the termination? If so, please provide details.

16. Did plaintiff have any plans to retire at a certain age, after a certain number of years of service, etc.?

B. Earnings Before Incident or Separation

1. Date at which earnings loss begins (if different from date of incident, please explain)

2. Please provide copies of the following:

- W-2 Wage and Tax Statements for at least three (3) years before and including the year of separation
- complete federal income tax returns for at least three (3) years before and including the year of separation
- last available year-end pay stub and most recent pay stub prior to separation

A complete history of plaintiff's W-2 earnings can be obtained on line from the Social Security Administration at <http://www.ssa.gov/>

To request copies of tax returns, download Internal Revenue Service Form 4506 at <http://www.irs.gov/pub/irs-pdf/f4506.pdf>.

Please note that employment related matters involve an element of economic damages not found in most other personal damages cases, namely compensation for excess taxes (i.e., a tax gross up). It is helpful to have tax returns, in addition to other documentation of earnings, to compute that component of loss.

3. Annual salary or hourly rate of regular earnings before the time of incident _____

4. Hourly overtime wage rate (if applicable) _____

4. Amount of severance received _____

5. Was severance received in a lump-sum payout or interval payments (provide documentation)?

C. Fringe Benefits

1. Fringe benefits (compensation other than money wages). Indicate below the fringe benefits received by plaintiff from his or her employer before the time of termination.

PLEASE PROVIDE A COPY OF EMPLOYEE HANDBOOK(S)

Benefit received?

Check (Y) Yes or (N) No:

Employee contribution required?

Check (Y) Yes or (N) No. If 'Yes', list amount:

a. Insurance Plans:

Y N Health Insurance

Family Individual

Y N Amount: _____ per _____

Y N Prescription Coverage

Y N Amount: _____ per _____

Y N Dental Insurance

Y N Amount: _____ per _____

Y N Eyeglass / Vision Plan

Y N Amount: _____ per _____

Did plaintiff and/or family members have any out-of-pocket medical costs subsequent to the date of termination? Please provide details by family member. Do not include those costs which would normally have been out-of-pocket for the family (for example, deductibles, co-pays, etc.).

Did plaintiff extend health insurance coverage through COBRA or through another provider?

Please provide details including source, duration of such benefits and monthly cost.

b. Retirement Benefits:

Employee contribution required?

Y N Pension Plan

Y N Amount: _____ per _____

Y N 401(k) Plan

Employee contribution: _____

Employer contribution: _____

Please provide copy of retirement handbook and description of plan.

Is plaintiff currently receiving any payments? If so, provide from whom, month and year payments began, and current monthly amount being received.

c. Other Benefits:

Employee contribution required?

Y N Long-Term Disability Insurance

Y N Amount: _____ per _____

Y N Other _____

Y N Amount: _____ per _____

d. Stock Option Awards (if applicable):

1. Provide copies of all employer-generated stock option award notices that would indicate date of award, issuance price, and vesting schedule.

2. What impact did plaintiff's separation have on outstanding vested and unvested option awards?

Was plaintiff forced to exercise previously issued option awards as a result of his/her termination?

3. Provide copies of Settlement Statements related to any stock option awards exercised by plaintiff just before and after the date of termination.

4. Would plaintiff have been eligible to receive stock option awards in subsequent years? Have his/her peers received any awards since the date of separation?

5. What were plaintiff's plans for exercising the remaining unvested options at the time of his/her termination?

6. Is plaintiff receiving stock option awards in his/her current employment? If so, on a separate sheet, please provide responses to items d) 1-5 above for the current employment.

V. EMPLOYMENT AND EARNINGS AFTER TERMINATION/SEPARATION

A. Employment

1. Has plaintiff been employed since his/her separation? If yes, please answer questions 2 through 9.

Please provide information for all employment plaintiff has had since the date of separation.

2. Name of Employer _____

3. Date of hire _____

4. Duration of employment (from when to when?):

5. Employment status: Full-Time Part-Time

6. Location: Town _____ State _____

7. Job Title _____

8. Union member? Yes No Union Name _____

9. Average number of hours worked per week a) regular _____ b) overtime _____

B. Earnings (attach recent pay stub or offer letter)

1. Yearly salary or hourly rate of regular earnings _____
2. Hourly rate of overtime (if applicable) _____
3. Please provide W-2 Wage and Tax Statements (if applicable)
4. List all fringe benefits being received in current employment:

5. Please note any differences in current fringe benefits compared to those received at former employer (for example, changes in employer contribution towards 401(k), employee-funded health insurance, etc.).

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