

PERSONAL INJURY EVALUATION FORM

Attorney Information

Name:

Firm:

Street Address:

City:

State:

ZIP:

Phone:

FAX:

Case Information

Case Name or Title:

Date of Injury:

Name of Injured Person:

Date of Birth:

Gender:
 Male Female

Pre-Injury Income Information

Employer:

Title:

Year 1: Salary: \$

Profit Sharing

Year 2: Salary: \$

Health Insurance

Year 3: Salary: \$

Retirement

Year 4: Salary: \$

Life Insurance

Other:

Post-Injury Income Information

Employer:

Title:

Date Migrating Income Starts:

Year 1: Salary: \$

Profit Sharing

Year 2: Salary: \$

Health Insurance

Year 3: Salary: \$

Retirement

Year 4: Salary: \$

Life Insurance

Other:

Medical Information

To-Date Expenses: \$

Future Expenses Year: \$

Treatment:

Additional Information

Payment Information

Please send a check for \$750 payable to Legal Economic Evaluations, Inc.

Addition bound reports are \$25 each.

We make no attempt to independently verify your data.

The accuracy of our report depends upon the validity and completeness of the data submitted with this form.