

Hankins & Hankins

Vocational and Rehabilitation Economic Consulting

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EVALUEE INFORMATION FORM

Please complete all relevant sections of this form. Do not hesitate to contact our office if you have any questions about the requested information.

TYPE OF CASE:

<input type="checkbox"/> Social Security Disability	<input type="checkbox"/> Workers' Compensation
<input type="checkbox"/> Personal Injury	<input type="checkbox"/> Wrongful Death
<input type="checkbox"/> Long-Term Disability	<input type="checkbox"/> Medical Malpractice
<input type="checkbox"/> Marital Dissolution	<input type="checkbox"/> Wrongful Termination
<input type="checkbox"/> FELA	<input type="checkbox"/> Other (please specify) _____

REFERRAL SOURCE INFORMATION:

Referral Source: _____

Counsel for: PLAINTIFF DEFENSE

Name of Firm: _____

Address: _____

Telephone: _____ Facsimile: _____

E-Mail: _____

DATE/TIME OF APPOINTMENT:

CASE INFORMATION:

Court-imposed deadline date (if any): _____

Case Citation: _____

Court/Location: _____

Judge: _____ Opposing Attorney: _____

Trial/Hearing Date(s): _____

Expected Testimony Date(s): _____

EVALUEE INFORMATION:

Name: _____

Address: _____

Telephone: _____ Social Security Number: _____

Date of Birth: _____

Date of Injury (if applicable): _____

Date of Death (if applicable): _____

Educational Attainment:

_____ Less than High School Highest Grade Completed: _____

_____ GED

_____ High School Diploma

_____ Vocational School Trade: _____

_____ Some College (no degree) Major: _____

_____ Associate Degree Degree: _____

_____ Bachelor's Degree Degree: _____

_____ Master's Degree Degree: _____

_____ Doctorate Degree Degree: _____

Employer at time of incident: _____

Occupation at time of incident: _____

Pay Rate at time of incident (e.g. hourly or weekly wage/salary): _____

Hours Worked Per Week at time of incident: _____

Work History (do not include jobs lasting less than 3 months):

Employer/Occupation: _____ Years Worked: _____

Employer/Occupation: _____ Years Worked: _____

Employer/Occupation: _____ Years Worked: _____

Employer/Occupation: _____ Years Worked: _____

Employer/Occupation: _____ Years Worked: _____

Employer/Occupation: _____ Years Worked: _____

Employer/Occupation: _____ Years Worked: _____

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Employer/Occupation: _____ Years Worked: _____

* If a Social Security disability case, only include work performed in the past 15 years.

Please take care in completing this form as this foundation information is important to our analysis and will become a part of our case file. Additionally, leave blank any portion of this form that is inapplicable or for which information is not available.