

ECONOMIC LOSS QUESTIONNAIRE
WRONGFUL TERMINATION / EMPLOYMENT LOSS
REVISED MAY 2022

1) INSTRUCTIONS

You have been provided this questionnaire by your attorney and your responses are prepared pursuant to attorney request. **Your complete and accurate responses will allow the most comprehensive damage appraisal.**

- 1) **Answer each question fully and accurately.** Do not leave any blanks. Explain lack of any requested data.
- 2) Use specific dollar amounts. Write all dates in the format *xx/xx/xxxx*.
- 3) Please respond to each question in the questionnaire. If data is unavailable to complete your answer, write *no data* in the blank.
- 4) If additional space is required, please add pages at the end of the questionnaire.
- 5) Scan this questionnaire and all attached documents as PDF files and email **to your attorney** and to GaryCouillard@yahoo.com
- 6) If you have questions regarding the information requested, please call Gary Couillard, CPA at (801) 824-5566 during normal business hours or email @ garycouillard@yahoo.com.

2) CASE INFORMATION

Attorney's name _____

Law firm _____

Paralegal _____

3) PERSONAL DATA

Client's name _____

Client's address _____

Date of birth _____

Race (needed for life expectancy tables) _____

Phone _____

Email Address _____

Contact Phone # Day _____ Night _____

4) TERMINATION

Employer at the time of termination _____

Date of termination _____

Position at termination _____

Paid through what date _____

Total amount of all severance payments received _____

Were you paid for all accrued vacation and sick leave at termination? Explain. _____

5) MARITAL STATUS AT TERMINATION

Married ___ Single ___ Divorced ___

Spouse's name _____ Spouse's date of birth _____

6) FAMILY BACKGROUND

Number of children _____

Please list names and dates of birth for all children.

Name	Date of Birth	Name	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7) EDUCATION AND TRAINING

Circle highest year of education completed.

Grade School	High School	College
1 2 3 4 5 6 7 8	1 2 3 4	1 2 3 4 5 6 7

High School

Name of school: _____

GED? _____ Diploma? _____ Year of graduation or GED _____

Vocational Training

Name of school: _____

Degree and major: _____

Years remaining to degree _____ Year of graduation _____

College (Undergraduate):

Name of school: _____

Degree and major: _____

Years remaining to degree _____ Year of graduation _____

College (Postgraduate):

Name of school: _____

Degree and major: _____

Years remaining to degree _____ Year of graduation _____

8) EMPLOYER AT TIME OF TERMINATION

Employer _____

Employer address _____

Date initially hired _____

Position at Time of Termination

Job title _____

How many years did you work at this position? _____

Ending pay _____

Wage History

List all wage increases received for the five years prior to termination.

Date of Increase	Increase \$/hour	Date of Increase	Increase \$/hour
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe all wage increases you anticipated receiving in the next year if you had not been terminated.

Describe all promotions you anticipated receiving in the 3-years if you had not been terminated.

Bonus History

List all bonuses you received in the five years prior to termination.

Year	Bonus amount
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_____	_____
_____	_____
_____	_____
_____	_____

Describe all bonuses you anticipated receiving in the next year if you had not been terminated.

9) PRE-TERMINATION EMPLOYEE BENEFITS

At the time of termination, did you receive health insurance coverage from your employer? _____

If yes:

- 1) Who in your family was covered by the health insurance coverage from your employer?

- 2) Did you make a monthly employee contribution for health insurance? If yes, what amount per month?

- 3) Did you also receive dental and vision insurance coverage? _____
- 4) If yes, did you make a monthly employee contribution for dental and vision insurance? If yes, what amount per month? _____

How did you provide for medical insurance following your termination? What did it cost?

Did you pay more for health insurance after the termination? _____

How did your health insurance coverage after termination compare to the plan you had at termination?

Better / Worse / Same _____

Your employer may have offered you the opportunity for a temporary extension of your health coverage (COBRA Benefits). What was the amount of the monthly COBRA premium had you chosen to continue your medical insurance? _____

Please describe other benefits your employer provided before termination.

Benefit	Benefit Details	Amount you paid per month
Life insurance	_____	_____
Short-term disability insurance	_____	_____
Car allowance	_____	_____
Phone allowance	_____	_____

Retirement Benefits at Termination

Did your employer offer a 401(k) plan? _____

If yes, what percentage did your employer contribute to your 401(k) plan? _____

What other retirement plans did your employer offer? _____

10) JOB SEARCH

Was the termination mentioned in any job search or in an interview? Explain.

Is your termination public information? _____ Does a Google search show the termination? _____

Did you have any health or psychological issues related to the termination that affected your ability to search for a new job or find a replacement position that is substantially equivalent to the position you held at termination? If yes, please describe them.

Is it your preference to stay in the same location as your job at termination? Why?

What is your assessment of the labor-market opportunities for a replacement position that is substantially equivalent to the position you held at termination?

What other factors do you feel make it difficult for you to find a replacement position that is substantially equivalent to the position you held at termination?

11) EMPLOYMENT HISTORY

Please provide information about the job you had just before the employer that terminated you.

Employer _____

Employer address _____

Date initially hired _____ End Date _____

Job title _____

Ending pay _____ Reason for leaving _____

12) EMPLOYMENT AND BENEFITS AFTER TERMINATION

It is very important to the calculation of damages that you provide a complete employment history for all sources of employment earnings since your termination.

Current Employer

Employer _____

Employer address _____

Job title _____

Date hired _____ Beginning wage/salary _____ Current wage/ salary _____

Damages in a wrongful termination are measured for the length of time it takes to find a replacement position that is substantially equivalent to your pre-termination position. Does your current job pay a similar amount for a similar amount of work compared to the job where you were terminated? Please explain the differences.

Are you concerned about the security of your current job position? Please explain. _____

List all wage increases received from your current employer.

<u>Date of Increase</u>	<u>Increase \$/hour</u>	<u>Date of Increase</u>	<u>Increase \$/hour</u>
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_____	_____	_____	_____
_____	_____	_____	_____

Do you anticipate a wage increase in the next twelve months? How much and when?

Bonus History

List all bonuses received at your current position:

Year **Bonus amount**

Do you anticipate receiving a bonus in the next 12 months? How much and when?

Employee Benefits at Your Current Position

At your current position, do you receive health insurance coverage from your employer? _____

If not, explain how you provide for your health insurance coverage. _____

If your current employer provides health insurance:

- 1) When did your health insurance coverage begin? _____
- 2) Who in your family is covered by the health insurance coverage from your employer?

- 3) Do you make a monthly employee contribution for health insurance? If yes, what is the amount per month? _____
- 4) Do you also receive dental and vision insurance coverage? _____
- 5) Do you make a monthly employee contribution for dental and vision insurance? If yes, what is the amount per month? _____

Please describe other benefits your current employer provides.

<u>Benefit</u>	<u>Benefit Details</u>	<u>Amount you paid per month</u>
Life insurance	_____	_____
Short-term disability insurance	_____	_____
Car allowance	_____	_____
Phone allowance	_____	_____

Retirement Benefits at Your Current Employer

Does your employer offer a 401K plan? _____

If yes, what is the maximum percentage your employer contributes to your 401K plan? _____

What other retirement plans does your employer offer? _____

13) OTHER EMPLOYMENT SINCE TERMINATION

Please list **ALL** other employment since termination.

Employer _____
Employer address _____
Job title _____
Date hired _____ End Date _____ Ending wage/ salary _____
List total earnings by year. _____

Employer _____
Employer address _____
Job title _____
Date hired _____ End Date _____ Ending wage/ salary _____
List total earnings by year. _____

Employer _____
Employer address _____
Job title _____
Date hired _____ End Date _____ Ending wage/ salary _____
List total earnings by year. _____

Employer _____
Employer address _____
Job title _____
Date hired _____ End Date _____ Ending wage/ salary _____
List total earnings by year. _____

Employer _____
Employer address _____
Job title _____
Date hired _____ End Date _____ Ending wage/ salary _____
List total earnings by year. _____

Employer _____
Employer address _____
Job title _____
Date hired _____ End Date _____ Ending wage/ salary _____
List total earnings by year. _____

Did you operate a business or participate in a family-owned business before or after termination? If yes, please explain.

14) WORK LIFE EXPECTANCY

Work life expectancy is the length of time an individual is expected to participate in the workforce. A person's work life is influenced by a variety of factors including training, educational attainment, health, marital and family responsibilities, economic opportunity, and additional sources of income such as a retirement plan or Social Security retirement benefits.

Do you own your own home? _____ If yes, what is the estimated value of your home? _____

What is the total owed for all mortgages? _____

Will your home be paid for in full at the time of retirement? _____

Do you know your expected monthly retirement benefit amounts? _____

If yes, what amount per month? _____

Have you met with a financial planner to determine how much you may need to support yourself in retirement? _____

Are you providing financial support for any other family members? If yes, please explain. _____

At the time of termination, were you physically and mentally able to perform your job? _____

At the present time, are you physically and mentally able to perform a job similar to your job at termination?

Do you need reasonable accommodations to perform your job? _____

At the present time, do you have a financial necessity to continue working full time? _____

Assuming you had not been terminated, remained in good physical and mental health, and that you were not subject to abuse or mistreatment, how many years would you have likely continued working before retiring from the job from which you were terminated. _____

15) OTHER ECONOMIC LOSSES RESULTING FROM TERMINATION

Did you make an early withdrawal from a 401K retirement plan or a Roth IRA to make up for lost earnings after the termination? _____

Was the early withdrawal reported on your income taxes? What years? _____

16) PREJUDGMENT INTEREST

Following termination what source of funds did you use to bridge the gap for your lost earnings?

- 1) Did your credit card outstanding balance increase? Provide credit card statements showing increase in credit card balances following termination.
- 2) Did you borrow money? From? Interest rate? Is the loan repaid?
- 3) Did you use savings? Explain.
- 4) Did you use brokerage funds?
- 5) Did you defer purchases? Explain.
- 6) Did you receive charitable donations?
- 7) Did you use any safety-net social programs to supplement your earnings?
- 8) Did you file for bankruptcy? Did you incur late fees for failing to pay bills on time?
- 9) Were you ever homeless after the termination?
- 10) Following the termination, were you or your family concerned with having enough income for basic needs?

Explain:

REQUIRED DOCUMENTS

Please provide the following information or indicate if your attorney already has copies.

- W-2 or 1099 Earning Statements for the period 5 years prior to termination
- W-2 or 1099 Earning Statements **for all jobs** performed since termination. It's very important that you provide information on ALL jobs worked since termination even if you did not receive recorded compensation.
- Copy of last paycheck stub from place of termination
- Copy of most recent paycheck stub from current employer
- Total amount earned from EACH job for the current year as of the current date.
- Resume (if available)
- Description of benefit plan at the place of termination
- If applicable, provide annual statements for defined benefit retirement plans for the year prior to termination to the present. This includes URS and PERSI. Annual statements are available in your online portal for the retirement plan.
- Document showing 401K matching contribution at the time of termination
- Copy of all annual retirement statements for the period five years prior to termination
- Copy of current employer's benefit plan
- Document showing 401K matching contribution from current employer