

Wrongful Death Questionnaire

1. Name, gender, and race of deceased

2. Name, telephone number, e-mail address, and relationship of plaintiff to the decedent

3. Deceased's date of birth

4. Cause of death

5. Date of death and date of injury or diagnosis (if different than date of death)

6. Deceased's level of education

7. Marital status _____

8. If married, name and date of birth of spouse

9. Names and dates of birth of dependent children at time of death

10. Deceased's job description, employer name, and length of time at this job.

11. Previous employers

12. Deceased's income history for as many years as available (*attach tax returns, W-2 forms, payroll records, Social Security records and/or other documentation*). A complete earnings history can be obtained from the Social Security Administration by signing up at <https://secure.ssa.gov/RIL/SiView.do> If possible, please attach with the returned questionnaire.

13. Employer-paid benefits (*life, health, disability and other insurance; pension plan contributions, etc.*)

14. If deceased was covered by a union contract, provide the name of the union, and the name and phone number of a contact person at the union (*attach a copy of the union contract if available*).

15. Indicate if the cause of death resulted in a diminished ability to provide household services (home and yard care, grocery shopping, etc.) prior to the deceased's death.

16. Indicate if the amount and type of household services provided by the deceased deviated from the average to any significant degree (attach an extra page if necessary)

17. Indicate if the deceased consumed an above or below average amount of the family's income for personal maintenance or hobbies.

18. Describe the deceased's general health independent of the accident or injury that contributed to the death. Was there any reason to assume that the deceased's life or worklife expectancy would have been less than or greater than the national average?

19. Provide any additional information regarding economic losses not covered above.

20. Court venue – state or federal. If state, please indicate the state

Please return to:

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