
BASIC INFORMATION CHECKLIST- PERSONAL INJURIES

1. Plaintiff's Personal Information

- (a) Name and Sex of Plaintiff
- (b) Date of Birth (DOB)
- © Date and Type of Accident
- (d) Plaintiff's Address
- (e) Pre and Post Accident Health Status: Standard or Substandard?
If substandard, provide a copy of any medical reports on reduced pre or post accident life expectancy.
- (f) Date of Valuation (DOV)
- (g) Plaintiff's Education/Qualifications

2. Plaintiff's Spousal Information

- (a) Name and Sex of Spouse
- (b) Date of Birth (SDOB)

3. Plaintiff's Employment Information

- (a) Name of Employer and Date of Hire
- (b) Position at Date of Accident
- © Number of Hours Worked per Week (Regular and Overtime) and Per Diem Rates
- (d) Employment and Salary History (including at DOA and DOV)
- (e) If self employed, provide financial statements of business operations
- (f) Provide T-4 slips and Income tax returns (personal and corporate, if applicable)
- (g) Dates of Work Absences
- (h) Has the Plaintiff's employment terminated after the Accident? If yes, provide termination date.

4. Future Income Loss Scenario(s)

- (a) Outline Plaintiff's future career path, earnings scenario(s) and retirement plans, had the Accident not occurred.
- (b) Outline Plaintiff's future career path, earnings scenario(s) and retirement plans as a result of the Accident.

5. Plaintiff's Employee Benefit Plans Other Than Pension

- (a) Is there an Employer sponsored Group Life/Health/Dental/Disability Plan? If yes, provide a copy of the current employee group benefits booklet.
- (b) Has the Plaintiff's group benefits coverage ceased after the accident? If yes, provide the employer's current year cost by benefit per employee.
- © Has the Plaintiff received Short or Long Term Disability (LTD) benefits? If yes, provide the following:
 - (i) date benefit commenced, (ii) initial benefit amount, (iii) current benefit amount, (iv) future indexation provisions, (v) maximum term payable, and (vi) whether taxable or non taxable.

6. Plaintiff's Pension/Retirement Savings Plan

- (a) Is there an Employer Sponsored Pension or other Retirement Plan? If yes, provide a copy of the current employee pension booklet and the most recent annual pension statement.
- (b) Has the Plaintiff's membership in the Pension Plan ceased after the Accident? If yes, provide a copy of the termination statement documenting the Plaintiff's entitlements under the Pension Plan.

7. Canada Pension Plan

Is the Plaintiff in receipt of a Canada Pension Plan (CPP) disability benefit? If yes, provide the current amount of the Plaintiff's CPP disability benefit, and commencement date of receipt of benefits.

8. Collateral Benefits

Is the Plaintiff entitled to any collateral benefits (example: LTD)? If yes, provide amount and payment duration of each collateral benefit.

Have any no fault benefits been received? If yes, provide details as to types of benefits and amounts.

9. Future Care Costs

Does the Plaintiff have any future care needs? If yes, provide a copy of the report outlining the Plaintiff's future care needs.

10. Sundry

Indicate purpose of report, status of litigation and anticipated trial commencement date.