

## INFORMATION REQUIRED FOR Personal Injury Assessments – Adult\*

\* If the injured is self-employed, please use the Self-Employed Checklist

### Administrative information:

Client Name:	
Phone number(s) and/or email for injured (if ok to contact client for information):	
Birth date of injured:	
Date of accident:	
Date of trial, mediation or anticipated settlement (a reference date is necessary for calculations):	
Deadline for submission of report	
Accountant/Bookkeepers phone number (if applicable)	

### Income information from client:

#### *Pre-Accident Information (if more than one job, attach additional information)*

Highest education level completed by injured:	
Was client employed at time of accident?	
Was employment status full-time or part-time?	
Name of Employer at time of accident and location of employer (City, Province)	
Job title at time of accident	
Date of hire	
Last day worked (if applicable)	
Wage rate or annual income received	
Average number of hours worked per week (indicate any overtime hours)	

***Post-Accident Information (if more than one job, attach additional information)***

Any training or education taken after the Accident:	
Did client work after the accident?	
Was employment status full-time or part-time?	
Name of Employer after accident and location of employer (City, Province)	
Job title after accident	
Date of hire	
Last day worked (if applicable)	
Wage rate or annual income received	
Average number of hours worked per week (indicate any overtime hours)	

**Additional income information from client:**

Does the client have any income they have not reported on their tax returns (to be provided)	
Amounts of Income Replacement Benefits that were paid and the time periods.	
Did client receive any settlement portion of Income Replacement Benefits?	
Amount of short-term and/or long-term benefits received and corresponding time periods.	
Intended pre and post-accident aspirations regarding retirement, including intended age of retirement	

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**Additional Information that should be provided (please indicate if sent or pending)**

- Resume (if available)
- Income tax returns for at least 5 years prior to the accident to the present.  
If tax returns were not filed/unavailable, then copies of T4s and source documents. *Notices of Assessment* are **not sufficient** for our purposes.
- Information regarding year-to-date income (i.e. a copy of their recent pay stub)
- Letter(s) from employer(s) (include employers **before** and **after** the accident) to capture:
  1. employment status (full- time, part-time, permanent, casual, contract, temporary).
  2. hours of work per week and weeks of work per year.
  3. base salary/wages including any overtime or bonuses (pay records, hours worked at regular rate and overtime rate).
  4. pre-accident fringe benefits (employer monthly contributions [e.g. employer cost per employee] for medical and dental coverage, disability and life insurance, and/or pension plan).
  5. If unionized, collective agreements from date of accident to the present.
- Employment personnel records prior to and after the accident.
- Amounts of Income Replacement Benefits paid and the time periods. Please include settlement portion of Income Replacement Benefits. Include Employer's Confirmation of Income, Explanation of Benefits Payable, and Insurer's calculations.
- Amount of short-term and/or long-term benefits received and corresponding time periods. Provide the long-term disability policy if applicable.
- Examination for Discovery or deposition transcripts.
- Vocational assessments, functional capacity evaluations, and cost of care reports.
- Current legal and medical reports pertaining to the extent of injuries and impact on employment.