Durrani & Associates Inc. - Forensic Economics
2722 Council Ring Road, Mississauga, Ontario L5L 1W2
T: (647) 897-6333
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INFORMATION REQUIRED FOR
Personal Injury Assessments – Self-employed

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:

Highest education level completed by injured:	
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	

Business information from client:

Did the client split income with their spouse/partner	
Does the client have any income they have not reported on their tax returns (to be provided)	

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Did the client have to take any actions to mitigate the loss – who helped out? Has any replacement labour been hired? Have any costs increased as a direct result of the accident. What happened in the industry in general since the accident?	
Has the business been sold? Stopped operating? Have any asset sales occurred?	
Did any part of business expenses actually go towards personal consumption? (Examples include fuel, telephone calls, office supplies, vehicle capital costs…)	

Additional Information that should be submitted (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.
- ☐ Financial statements and Statement of Business Activities for the business before and after the accident.
- ☐ Information with regards to the possibility of any unreported income.
- ☐ Information regarding current year's income for plaintiff (i.e. copy of most recent business' income statement).
- ☐ Spouse/partner's and children's income tax returns for at least 5 years prior to the accident to the present (if income splitting involved).
- ☐ Amounts of Income Replacement Benefits that were paid and the time periods. Please include the settlement portion of Income Replacement Benefits. Include Employer's Confirmation of Income, Explanation of Benefits Payable, and Insurer's calculations.
- ☐ A copy of defense counsel's income replacement benefit estimate.
- ☐ Amount of short-term and/or long-term benefits received and corresponding time periods. Provide the long-term disability policy if applicable.

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- [ ] Intended pre and post-accident aspirations regarding retirement.
- [ ] 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 self-employment.