



WRONGFUL TERMINATION STANDARD REQUEST LIST

1. Demographic Information for Plaintiff including:
 - a) Name
 - b) Date of birth
 - c) Gender
 - d) Date of Termination
 - e) Educational background- Highest level of education completed (list degrees)
 - f) Professional Licenses or Certifications held

2. Family members' personal statistics, if applicable:
 - a) Names
 - b) Relation
 - c) Date of birth
 - d) Educational background- Highest level of education completed (list degrees)
 - e) Professional Licenses or Certifications held

3. Employment information as of the date of termination **and** subsequent to the termination:
 - a) Occupation
 - b) Employer
 - c) Date of hire
 - d) Union Affiliation, if any

4. Income information: Federal income tax returns and W-2s for each of the five years prior to the termination and all years subsequent to the termination **as well as** the final paycheck stub.

5. A list of annual or hourly wage rates from the date of hire to the date of termination, with effective dates for each new rate and the job classification associated with each wage rate **as well as** the actual annual or hourly rates in that job classification post-termination.

6. Union contract in effect at the time of the termination **and** subsequent to the termination, if applicable.

7. Time records that would describe hours worked per week, both regular and overtime for five years before **and** subsequent to termination if applicable.

8. A list of the **employer's** annual costs of fringe benefits including:
 - a) Medical insurance plan
 - b) Dental insurance plan
 - c) Vision insurance plan
 - d) Bonuses
 - e) 401(k) plan
 - f) Pension/ Retirement plan
 - g) Profit sharing
9. If the terminated party is re-employed, please provide similar information for the offsetting occupation.
10. Documentation of current social security or disability benefits received, if applicable.
11. A copy or summary of applicable bills related to any specific out-of-pocket expenses related to the termination, including medical costs and costs related to the purchase of health care coverage.
12. Any other relevant information that you might have with regard to issues being presented at trial that may impact the damage analysis (e.g. interim out-of-pocket insurance costs, new job costs, etc.).
13. A copy of the Complaint.
14. Finally, please provide specific information including discovery and trial dates, case caption, Judge, locations of trial, attorneys on the opposing side, etc. This is very helpful for proper schedule and record keeping.