

Dear Mr. Jones:

Your attorney has retained our firm to assist with the preparation of testimony regarding how your disablement has impacted upon your life. As explained in detail below, we will develop a report that summarizes the economic, vocational, psychological, social and rehabilitation implications of your disablement. While it is impossible to capture all of the ways in which your disability has impacted upon you, we hope to be able to report the most important ones.

There are a number of things you should know that will make you more confident of your attorney's choice of K.W. REAGLES & ASSOCIATES:

1. **We have experience.** We have been conducting analyses of the impact of disability on peoples' lives since 1969.
2. **We are qualified.** I and my associates have the highest academic degrees required to practice our professions and have been recognized in courts of law as "experts" in our fields.
3. **We are on your team.** Your attorney has retained us to assist **you**; we are working for you and your best interests. So that we are best able to prepare our testimony, you are encouraged to be completely candid in reporting the information we will be requesting.
4. **We are confidential.** You may share information with us knowing that it will be kept in the strictest confidence, shared only with your attorney and no one else, unless you authorize us to do so. In addition, we may not request information about you without your written authority.
5. **We are thorough.** Each aspect of your disability is important to the determination of the totality of loss. It is like putting together the pieces of a complex puzzle. Therefore, we will be asking you many questions and giving you an opportunity to tell us how being disabled has changed your life. By fitting the pieces together, we can see the picture more clearly.

THE ELEMENTS OF LOSS

As you are well aware, disability impacts upon the person disabled in several ways, some of which we have the ability to express as economic losses, while others cannot be. While your attorney is concerned primarily with establishing and proving liability (negligence) associated with the event that caused your disability, we are concerned with what you have lost.

The losses include:

1. **Lost Earnings.** Depending upon your prospects for ever returning to work, you have lost all or part of your anticipated future earnings. Our job is to determine whether the work you were doing was the sort of work you would

likely do in the future, and the nature of your previous earnings and fringe benefits. We are then able to calculate the total estimated value of your lost work to the anticipated date of your retirement or the date of your return to work.

2. **Loss of Services.** The "work" that you performed around the house, usually in service to your spouse and family, has economic value. Your ability or inability to perform such tasks now constitutes an additional loss. We will assist you in recalling what tasks you performed and how much time you spent doing them. We have methods to determine the dollar value of these services.
3. **Past Medical and Allied Health Services.** In many instances your health insurance, either alone or in combination with insurance coverage, including No-Fault, Worker's Compensation, and the like, simply does not cover the entire cost of medical care, physical and occupational therapy, and a variety of other services, medications, equipment, etc. which were required for your care and medical rehabilitation. Upon instructions from your attorney, we will itemize and summarize all unpaid medical and allied health services and include them in our report.
4. **Future Health and Rehabilitation Services.** Another element of damages is the nature and cost of all the medical and rehabilitation goods and services that you will need over the course of your lifetime. We will develop a **life-care plan** as a means of summarizing the cost of future expenses.
5. **Pain and Suffering and Loss of Enjoyment of Life.** There are some losses that are impossible to express in dollar amounts. You know them well. Your feelings about yourself with your disability, the changing nature of your role within the family, the reactions you get from co-workers and friends, the frustration at not being able to do things you once did, and much more. We'll talk about such things and attempt to illustrate how your disability has impacted upon your life in ways that cannot be expressed in dollars alone.

WHAT YOU CAN DO

There are some things that you can do before we meet to make the process of gathering needed information more efficient. There may be information you can gather to reduce the time needed to complete our investigation. The following topics are ones which we will discuss. Think about each item and **make notes; bring these with you to the interview.**

- [] 1. **Personal History**
 - [] Your **parents**, including their ages, education, work history, health status, etc.

- [] Your **brothers and sisters**, including birth order, ages, education, health status, occupation, marital status, etc.
 - [] Your **educational history**, including elementary and secondary schools, job skill training, trade schools, community college and other college education, etc.
 - [] **Military service**, including dates of service, MOS, rank, travel experience, discharge status, etc.
- [] 2. **Employment History**
- [] **Job history**, from most recent job backward, including employer, location (address) and job title;
 - [] **Earnings history**, i.e., hourly or annual earnings associated with each job;
 - [] **Union membership**, including name of union, local, and business agent;
 - [] Sources of **supplemental earnings or support** (a second job, income from hobbies, and the like), including the source and amount of such earnings;
 - [] Have you used **personal resources**, including savings, borrowed against insurance policies, sold personal property or real estate, or borrowed from family or friends to meet medical expenses? If so itemize by type and amount.
- [] 3. **Household Services**
- [] What sorts of things did you do around the house? What jobs were yours?
 - [] What was a typical week like for you? When did you get up? Go to bed? What did you do between those times? How were weekends different?
- [] 4. **Hobbies and Interests:** What did you do before your disablement when you weren't working, including:
- [] **athletic pursuits**, e.g., fishing, hunting, bowling, hiking, running, etc.;
 - [] **collections**, e.g., coins, stamps, beer cans, sports cards, etc.

- crafts**, e.g., painting, knitting, leather work, etc.
 - hobbies**, e.g., playing a musical instrument, woodworking, gardening, training dogs, riding horses, etc.
 - Do you have any **special gifts or talents**, including ability to paint or play a musical instrument, sing well, be very athletic, etc.?
5. **Past Medical and Allied Medical Service Expenses**
- Are there unpaid hospital, doctor, or other medical bills? If so, itemize by type and amount.
 - Are there unpaid allied health bills, such as physical therapy, occupational therapy, chiropractic services, and the like? If so, itemize by type and amount.
 - Are there any other unpaid bills associated with your disablement? If so, what are they, again by type and amount.
6. **Future health and Rehabilitation Services**
- Have you been told that you will need additional medical services, such as surgery, prosthesis, orthosis, or therapy? If so, itemize by type of service, who recommended the service, and any other information you may provide.
 - Do you have hopes of returning to work? If so, what services, equipment, etc. would you need to be able to do so? Describe in detail.
 - What's on your "wish list"? What do you need to make your life more comfortable? Make a list of problems you may have which could be eliminated with special equipment, adaptive and assistive devices, architectural modifications, a modified vehicle, instruction or training, special tools, and the like.
7. **Personal Reactions to Disablement**
- Describe how you feel about yourself with your disability.
 - Describe how your role has changed as a marital partner.
 - Describe how your role has changed as a parent.

- [] Do you have chronic pain? If so, how does it impact upon your life?
- [] Describe how your relations have changed with friends and relatives, including the number and quality of such relationships.
- [] Describe your concern for the future. What do you worry about for the years to come? Were do you see yourself in 5 or 10 years?
- [] In what other ways has becoming disabled changed your life?

Enclosed please find two questionnaires that are intended to assist you in summarizing information requested, viz., the *Disability Limitations Checklist* and the *Life-Care Planning* guide. Please complete these before we meet.

We will be getting together soon to discuss the nature of your disability and how it has impacted upon your life. Someone from our office will contact you or your attorney to arrange a mutually convenient time and place for the interview. In the meantime, please call me at (315) 471-6944 if you have any questions regarding our services. I look forward to meeting you soon.

Sincerely,

Kenneth W. Reagles, Ph.D.

K.W. REAGLES & ASSOCIATES, L.L.C.

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