

REQUIRED INFORMATION FOR ALL CIVIL LITIGATION FILES

| Name of plaintiff |
|---|
| Name of solicitor (firm / lawyer) |
| Name of defendant |
| Name of counsel (firm / lawyer) |
| Start date of proceedings |
| Date of mediation/settlement conference |
| Deadline for submitting our report(s) |
| PLAINTIFF BASIC INFORMATION (OR THE DECEASED IF APPLICABLE) |
| Sex M F |
| Date of birth |
| Date of accident/incident |
| Type of accident/incident |
| REQUIRED VALUATION(S) |
| Check the applicable item(s) |
| □ LOSS OF SUPPORT DUE TO ACCIDENTAL DEATH □ LOSS OF INCOME / EARNING CAPACITY □ LOSS OF EMPLOYER SPONSORED PENSION □ LOSS OF CANADA PENSION PLAN RETIREMENT BENEFITS □ LOSS OF FRINGE BENEFITS OTHER THAN PENSION □ LOSS OF HOUSEHOLD SERVICES □ COST OF CARE |
| □ SETTLEMENT OF DISABILITY BENEFITS □ SETTLEMENT OF INCOME REPLACEMENT BENEFITS |