



**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**