



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**