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LYNCH

& ASSOCIATES

FORENSIC ACCOUNTANTS

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4711 Yonge St., 10th Floor Toronto, ON M2N 6K8  
Tel: (647) 777-8088 | Fax: (647) 777-7801 | [www.lynchlitigationsupport.com](http://www.lynchlitigationsupport.com)

## INFORMATION CHECKLIST FOR PERSONAL INJURY CASES

### (Plaintiff Adults - Employed)

#### **Personal Information**

- Name and sex
- Date of birth
- Date and type of accident
- Health status, before and after the accident
- Family background
- Resume

#### **Financial Information**

- Income tax returns for at least 5 years prior to the injuries to present
- T-4 slips
- Most recent pay stubs

#### **Employment Information:**

- Employment status (full-time, part-time, permanent, casual, contract, temporary)
- Hours of work per week and weeks of work per year
- Base salary/wages including any overtime or bonuses (pay records, hours worked at regular rate and overtime rate)

- If unionized, collective agreement from date of accident to present

### **Employee Benefit Plans**

- A copy of the current employee group benefits booklet
- Information regarding Short Term Disability (STD) and/or Long Term Disability (LTD) benefits:
  - Date of benefits commenced;
  - Initial benefit amount;
  - Current benefit amount;
  - Future indexation provisions;
  - Maximum term payable; and
  - Whether the benefits are taxable or non taxable.
- Most recent annual pension statement
- Termination statement if the Plaintiff's membership pension plan ceased after the injuries

### **Collateral Benefits Received**

- Amount of Income Replacement Benefits that were paid and the time periods. Please include Employer's Confirmation of Income, Explanation of Benefits Payable, and Insurer's calculations
- Amount of short and/or long term benefits received and corresponding time periods
- Amount of other collateral benefits received and corresponding time periods

### **Additional information**

- Intended pre and post accident aspirations regarding future career paths and retirement
- Examination for Discovery or deposition transcripts
- Vocational assessment, functional capacity evaluations, and future cost of care reports
- Date of trial, mediation or anticipated Settlement