



K.W. REAGLES & ASSOCIATES

Vocational, Rehabilitation & Economic Consultation Services

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NEW PLAINTIFF CASE INFORMATION

Date Completed:

<u>PLAINTIFF'S NAME</u> _____	<u>ATTORNEY</u> _____
ADDRESS: _____	FIRM: _____
_____	ADDRESS: _____
TELEPHONE: _____	_____
DATE OF BIRTH: _____	_____
SOCIAL SECURITY#: _____	PARALEGAL: _____
PLAINTIFF'S JOB TITLE: _____	TELEPHONE: _____
	EMAIL ADDRESS: _____

CASE INFORMATION

CASE CAPTION: _____

DATE OF INCIDENT: _____ TYPE OF INCIDENT: _____

MAJOR INJURIES SUSTAINED: _____

PLEASE INDICATE DR. REAGLES' RESONSIBILITY FOR THE VARIOUS ELEMENTS OF DAMAGES:

	DR. REAGLES?		OTHER PLAINTIFF EXPERT'S
	YES	NO	
VOCATIONAL ASSESSMENT:			
LOSS OF HOUSEHOLD SERVICES:			
LIFE-CARE PLAN:			
ECONOMIC CALCULATIONS:			

WHEN WOULD THE ATTORNEY LIKE DR. REAGLES' REPORT SUBSEQUENT TO THE INTERVIEW?: _____
 (WE WOULD LIKE 45 – 60 DAYS, IF POSSIBLE, SUBSEQUENT TO THE INTERVIEW.)

IS THERE A TRIAL DATE? _____ IF SO, WHAT DATE DOES TRIAL BEGIN: _____

WHO IS DEFENSE COUNSEL/FIRM? _____