



K.W. REAGLES & ASSOCIATES
Vocational, Rehabilitation & Economic Consultation Services

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NEW DEFENSE CASE INFORMATION

Date Completed: _____

PLAINTIFF'S NAME: _____

ADDRESS _____

TELEPHONE: _____

DATE OF BIRTH: _____

SOCIAL SECURITY#: _____

MARITAL STATUS: _____

PLAINTIFF'S JOB TITLE: _____

HAS PLAINTIFF RETURNED TO WORK?: _____

DEFENSE ATTORNEY: _____

FIRM: _____

ADDRESS: _____

PARALEGAL: _____

TELEPHONE: _____

EMAIL: _____

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 DEFENSE EXPERT'S NAME
	YES	NO	
VOCATIONAL ASSESSMENT:			
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: _____

IF NO TRIAL DATE YET, HAS THE NOTE OF ISSUE BEEN FILED: _____

PLAINTIFF'S COUNSEL AND ADDRESS: _____