

## L2001 Conflict and Availability Check for Personal Injury Cases Step 1

*Note: This is an interactive form. Please save this form to a local drive prior to entering your information.*

This form applies to those who would like to request for consultation or written reports for personal injury cases.

This is the first of two steps. The first step is conflict check and availability check, and to provide Westcoast Actuaries Inc. with basic information about the case. If you have already done this over the phone with our staff, please contact us to complete the second step regarding your personal injury case.

Please send us the following information:

- Completed L2001 form
- Basic information about the case

**1. Basic information about the personal injury case:**

First Name of plaintiff	<input type="text"/>					
Last Name of plaintiff	<input type="text"/>					
Gender of plaintiff	<input type="text"/>					
Name of the contacting lawyer(s)	<input type="text"/>					
Name of the contacting law firm	<input type="text"/>					
Name(s) of third parties, if any	<input type="text"/>					
Name of the opposing lawyer(s)	<input type="text"/>					
Name of the opposing law firm	<input type="text"/>					
ICBC adjuster, if WAI is retained by defence counsel	<input type="text"/>					
ICBC claim number, if WAI is retained by defence counsel	<input type="text"/>					
Start date of proceedings	Year	<input type="text"/>	Month	<input type="text"/>	Day	<input type="text"/>
Date of mediation	Year	<input type="text"/>	Month	<input type="text"/>	Day	<input type="text"/>
Date of settlement conference	Year	<input type="text"/>	Month	<input type="text"/>	Day	<input type="text"/>
Deadline for submitting our report(s)	Year	<input type="text"/>	Month	<input type="text"/>	Day	<input type="text"/>
Date to reserve for testifying	Year	<input type="text"/>	Month	<input type="text"/>	Day	<input type="text"/>

**2. General scope of the assignment (check all applicable):**

**Types of service required :**

Full written report

Rough estimate to test adequacy of settlement offer

General advice

Review a report prepared for the other side

Rebuttal report

Other:

**Types of valuation required :**

Value of \$100,000 increased in line with the movement of the Consumer Price Index (CPI) for Canada

Present values of \$1 per annum for various future periods using the prescribed net discount rates of 1.5% and 2.0%

Past loss of income

<input type="checkbox"/> Present value of future loss of income
<input type="checkbox"/> Cost of future expenses
<input type="checkbox"/> Loss of pension and other benefits
<input type="checkbox"/> Past and future loss of household services
<input type="checkbox"/> Investment management expenses
<input type="checkbox"/> Income tax gross up
<input type="checkbox"/> Rebuttal report
<input type="checkbox"/> Other:

**3. Plaintiff information**

**Basic background about the plaintiff at time of injury:**

<input type="checkbox"/> Minor
<input type="checkbox"/> Student
<input type="checkbox"/> Aged 25-35 with an established job
<input type="checkbox"/> Aged 25-35 with spouse and/or children with an established job
<input type="checkbox"/> Aged 25-35 without an established job
<input type="checkbox"/> Over age 35 with an established job at time of injury
<input type="checkbox"/> Over age 35 with spouse and/or children with an established job
<input type="checkbox"/> Over age 35 without an established job
<input type="checkbox"/> Self-employed
<input type="checkbox"/> Disabled
<input type="checkbox"/> Elderly retired person

**Extent of the injury:**

<input type="checkbox"/> Brain damage
<input type="checkbox"/> Psychological issues
<input type="checkbox"/> Spinal cord injury
<input type="checkbox"/> Amputee
<input type="checkbox"/> Paraplegia
<input type="checkbox"/> Quadriplegia
<input type="checkbox"/> Decreased life expectancy
<input type="checkbox"/> Other:

**Cause of injury:**

<input type="checkbox"/> Motor vehicle accident
<input type="checkbox"/> Medical negligence
<input type="checkbox"/> Work accident
<input type="checkbox"/> Other:

**4. Lawyer contact information:**

Name of lawyer	<input type="text"/>
Company name	<input type="text"/>
Address	<input type="text"/>
Email:	<input type="text"/>
Phone:	<input type="text"/>