John Ward Economics, LLC
3333 Rue Royale St., Suite 7, St. Charles, MO 63301
(913) 381-9420, Staff@JohnWardEconomics.com, JohnWardEconomics.com
Tax Identification Number: 92-1358395

Retention Agreement & Fee Sheet

Hourly Rates

John O. Ward, PhD	$600
William H. Rogers, PhD	$500
Economist	$400
Specialists	$250

Retainers & Fees*

☐	**Base Fee** (Non-refundable portion for all work)	$1,750
☐	**Stand-Alone Reports** Life Care Plan, Household Services, and Basic Present Value (Data entry and interview time charged at the Specialists rate in addition to the base fee)	$1,750
☐	**Personal Injury Report** (Life Care Plan data entry charged at the Specialists rate in addition to the fee)	$5,250
☐	**Wrongful Death Report**	$5,250
☐	**Missouri Statutory Wrongful Death, Minor Child, Homemaker or Care Provider**	$3,250
☐	**Employment** Termination/Loss, Discrimination	$4,000
☐	**Commercial Damages or Class Action** (Hours charged at the appropriate hourly rate)	$17,500 (Retainer)
	All Report Updates (Hours charged at the appropriate hourly rate)	

*Unless otherwise agreed

Testimony & Travel Terms

1. **In-Person Deposition:** No retainer required. All in-person testimony for Dr. Rogers is scheduled at an agreeable Saint Louis metropolitan location. Invoiced at a **three-hour minimum** or actual portal-to-portal time from his Saint Charles location (including wait time), whichever is greater.
2. **Virtual Deposition:** No retainer required. Invoiced at a **one-hour minimum** or actual deposition length, whichever is greater.
3. **Trial Testimony:** Requires a **Trial Retainer**. In-person trial testimony is invoiced at expected portal-to-portal time from our office location against a minimum pre-paid retainer. Virtual trial testimony is invoiced at a **one-hour minimum** or actual trial length, whichever is greater.
4. **Preparation & Expenses:** Testimony preparation is invoiced at hourly rates and based on case complexity. Lodging and airfare will be purchased at fully refundable rates and invoiced at cost.
5. **Canceled Testimony:** If canceled within **two weeks**, a one-hour minimum or actual prep time is invoiced. If canceled after a non-refundable deadline, all incurred expenses (e.g. lodging/travel) will be invoiced to the retaining attorney.
6. **Daily Cap:** Fees for consulting, testimony, and travel are capped at **12 hours per day**.

General Terms & Disclosures

7. **Payments & Financial Responsibility:** The case-appropriate retainer or fee must be submitted with the requested case information. Payments may be made via check, ACH, Visa, MC, or AMEX. All invoices are Net 30.

- **Retainer Refunds:** In the event a retainer is refunded (e.g., due to trial cancellation), the amount returned will be **net of any third-party transaction fees** incurred by John Ward Economics, LLC during the initial receipt of payment (e.g., credit card merchant fees).
- **Third-Party Billing:** While John Ward Economics, LLC may accommodate requests to invoice third parties (e.g., opposing counsel for deposition testimony), the **Retaining Attorney/Firm remains ultimately responsible** for all fees and expenses incurred. By signing this agreement, the Retaining Attorney agrees that if a third party fails to remit payment within the specified terms, the Retaining Attorney will accept liability for the outstanding balance and will utilize their authority to ensure immediate payment is made.

8. **Late Fees:** All deposition invoices are Net 30. A **1.5% service charge** is added 7 days after the due date and every month thereafter.
9. **AI Data Processing:** John Ward Economics, LLC utilizes **Gemini** within a **Workplace Enterprise Plus HIPAA-compliant platform**. This secure environment allows us to organize and manage materials with increased efficiency while maintaining strict data privacy. Data processed through this enterprise platform is not used to train public models.
10. **Disclosure Requirement:** A signed Retention Agreement and Retainer Fee must be received before any expert from John Ward Economics can be disclosed in your case. We will not provide completed reports or testimony if there are unpaid balances.

Agreement & Signature

I have read and agree to the terms of this document:

Retaining Law Firm (Print Name)

Client or Case Name

Retaining Attorney (Print Name)

Retaining Attorney Signature

Date

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Litigation Case Contact Information Sheet

1 **Litigation Case Caption:** If the litigation matter has been filed with a court, please provide the case caption information for our records. ☐ Check here if "expected" court jurisdiction, not filed.

Court Jurisdiction or expected venue

Plaintiff

Case Number

Defendant

2 **Representation:** Do you represent the plaintiff or defendant? ◇ Plaintiff ◇ Defendant

3 **Attorney Contact information:**

Attorney Name, Firm Name & Address

Attorney Email Address

Attorney Telephone & Fax Number

4 **Attorney's Paralegal:**

Paralegal's Name

Paralegal's Email Address

5 **Other experts retained in this case impacting economic damages:**

◇ Vocational expert ◇ Life Care Planner ◇ Accountant

◇ Psychologist/Psychiatrist ◇ Physician ◇ Other _____

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Job Loss Questionnaire

This questionnaire is to be filled out by one or more of the following persons: the person incurring a job loss and/or legal counsel. The economists at John Ward Economics will use the information supplied in this questionnaire as a basis for their economic loss estimates. Please fill out the sections of the questionnaire that are relevant to the personal history of the person losing a job and their employment. An economic expert from John Ward Economics will likely contact the person with the job loss or legal counsel in order to discuss the answers provided and address any remaining questions or issues. If you run out of space within the forms, the last page of the questionnaire has blank space to use as needed.

If you use Adobe Acrobat Reader Version 11 and above, you can use the "Add Text Comment" tool to fill out this questionnaire electronically and then save your typewritten answers in the PDF format for printing, emailing, storage, etc. (see http://get.adobe.com/reader/).

Please print your answers clearly and mark boxes with an ✕ or a checkmark such as ☑.

Staff members at John Ward Economics can be reached at the telephone number and email address above. Please contact us for answers about any questions you might have when filling out the questionnaire. Our regular office hours are Monday through Friday, 9 a.m. to 4:30 p.m. CST.

Start Here

Please print the name of the person with the job loss, the city and state where currently living, telephone numbers to contact the person for additional information, and the name of representing attorney.

Person's name

City and state where the person currently lives

Telephone number(s) that John Ward Economics can use to contact the person.

Name of the attorney representing the job losing person

Job losing person's basic demographic data

1 What is the job losing person's name? (Please print)

First and last name

2 What is the job losing person's sex? (Mark a box)

☐ Male ☐ Female

3 What is the job losing person's date of birth? (Use numbers for MM DD YYYY)

Month | Day | Year

4 What is the job losing person's race? (Mark one box or specify in the blank box)

☐ White ☐ Black ☐ Hispanic ☐ Asian Other race

5 What is the job losing person's U.S. citizenship status? (Mark one box; if other, specify residency status)

☐ Citizen ☐ Visa Other

6 To date, what is the job losing person's highest educational attainment? (Mark one box for highest attained)

☐ 7th grade or less ☐ 8th grade ☐ 9th grade ☐ 10th grade ☐ 11th grade ☐ 12th grade, no diploma

☐ GED ☐ High school ☐ Trade school ☐ Some college ☐ Associate degree ☐ Bachelor degree

☐ Masters ☐ JD ☐ PhD or EdD ☐ DDS or OD ☐ MD or DO ☐ Other

Job losing person's spouse data

7 If married, what is the spouse's name? (Please print)

First and last name

8 If married, what is the spouse's sex? (Mark a box)

☐ Male ☐ Female

9 If married, what is the spouse's date of birth? (Use numbers for MM DD YYYY)

Month | Day | Year

10 If married, what is the spouse's race? (Mark one box or specify other race in the blank box)

☐ White ☐ Black ☐ Hispanic ☐ Asian Other race

Job losing person's children and dependents

11 **List the children of the job losing person** (For each child provide name, gender, date of birth, and check if the child is financially dependent upon the job losing person for support).

Name		Month	Day	Year	
	☐ Male ☐ Female				☐ Financially dependent on job losing person
	☐ Male ☐ Female				☐ Financially dependent on job losing person
	☐ Male ☐ Female				☐ Financially dependent on job losing person
	☐ Male ☐ Female				☐ Financially dependent on job losing person
	☐ Male ☐ Female				☐ Financially dependent on job losing person
	☐ Male ☐ Female				☐ Financially dependent on job losing person

12 **List any other persons <u>dependent</u> upon the job losing person** (For each dependent provide name, gender, date of birth, and whether a parent or other relationship.

Name		Month	Day	Year	
	☐ Male ☐ Female				☐ Parent ☐ Other
	☐ Male ☐ Female				☐ Parent ☐ Other
	☐ Male ☐ Female				☐ Parent ☐ Other
	☐ Male ☐ Female				☐ Parent ☐ Other

Medical conditions

13 **Does the job losing person currently or in the past have any persistent medical or physical conditions that limits the kind or amount of work that they can perform?** (If Yes, please describe)

☐ NO

☐ YES →

If yes, please describe

Now employed?

14 **Is the job losing person currently employed?** (If YES then proceed to question 15. If NO, then SKIP to question number 23)

☐ YES → GO TO **15**

☐ NO → GO TO **23**

Job losing person's current job data

15 **What is name of the job losing person's current employer?** (Please print)

Business name

16 **On what date did the job losing person start working for this employer?** (Use numbers for MM DD YYYY)

Begin Month	Begin Day	Begin Year

17 **What is the job losing person's job title and duties?** (Please print)

Job title and duties

18 **List any work dates missed due to layoffs or other reasons.** (Show range of dates)

Days of worked missed

19 **How is the job losing person paid?** (Mark one box or specify other payment method)

☐ **Hourly** ☐ **Salary** ☐ **By the job**

Other payment method (describe)

20 **How often is the job losing person paid?** (Mark one box or specify other payment schedule)

☐ **Weekly** ☐ **Every two weeks** ☐ **Twice per month** ☐ **Once per month**

Other payment schedule

21 **How much does the job losing person earn and work per pay period?** (Example: $15 per hour for 40 hours per week)

Gross wages earned per pay period

22 **Does the employer provide any paid benefits?** (Provide benefit details along with any payroll deductions)

Health insurance benefits (Describe including payroll deductions)	**Retirement benefits** (Describe including 401k matching %)	**Other paid benefits** (Describe)

Job losing person's job data at date of termination

23 **What was name of the terminating employer?** (Please print)

Business name

24 **On what dates did the job losing person begin and end working for the employer?** (Enter MM DD YYYY)

Begin Month	Begin Day	Begin Year	End Month	End Day	End Year

25 **What was the job losing person's job title and duties?** (Please print)

Job title and duties

26 **List any work dates missed due to prior layoffs or other reasons.** (Show range of dates)

Days of worked missed

27 **How was the job losing person paid?** (Mark one box or specify other payment method)

☐ **Hourly** ☐ **Salary** ☐ **By the job**

Other payment method (describe)

28 **How often was the job losing person paid?** (Mark one box or specify other payment schedule)

☐ **Weekly** ☐ **Every two weeks** ☐ **Twice per month** ☐ **Once per month**

Other payment schedule

29 **How much did the job losing person earn and work per pay period?** (Example: $15 per hour for 40 hours per week)

Gross wages earned per pay period

30 **Did the employer provide paid benefits?** (Provide benefit details along with any payroll deductions)

Health insurance benefits (Describe including payroll deductions)	**Retirement benefits** (Describe including 401k matching %)	**Other paid benefits** (Describe)

31 **Describe any career opportunities denied with terminating employer** (Please print)

Job held before termination

32 **Did the job losing person have a significant job before the termination date that would be indicative of future employment possibilities?** (If YES, then proceed to question 33. If NO, then SKIP to question number 41)

☐ YES → GO TO 33

☐ NO → GO TO 41

Job losing person's job data at past relevant employer

33 **What was name of the job losing person's past relevant employer?** (Please print)

Business name

34 **On what dates did the job losing person begin and end working for the employer?** (Enter MM DD YYYY)

Begin Month	Begin Day	Begin Year	End Month	End Day	End Year

35 **What was the job losing person's job title and duties?** (Please print)

Job title and duties

36 **List any work dates missed due to layoff or other reasons.** (Show range of dates)

Days of worked missed

37 **How was the job losing person paid?** (Mark one box or specify other payment method)

☐ **Hourly** ☐ **Salary** ☐ **By the job**

Other payment method (describe)

38 **How often was the job losing person paid?** (Mark one box or specify other payment schedule)

☐ **Weekly** ☐ **Every two weeks** ☐ **Twice per month** ☐ **Once per month**

Other payment schedule

39 **How much did the job losing person earn and work per pay period?** (Example: $15 per hour for 40 hours per week)

Gross wages earned per pay period

40 **Did the employer provide paid benefits?** (Provide benefit details along with any payroll deductions)

Health insurance benefits (Describe including payroll deductions)	**Retirement benefits** (Describe including 401k matching %)	**Other paid benefits** (Describe)

Other past work history

41 **If the job losing person has some other past work experience that would be important to know about in assessing their earning capacity, please describe that history below.** (Please print)

Other past work history

Public assistance and health insurance

42 **If currently receiving unemployment benefits, please provide the date those benefits began.** (Use numbers for MM DD YYYY)

Month	Day	Year

43 **Please mark the injured person's current source of health insurance.** (Mark all relevant boxes)

- ☐ **COBRA**
- ☐ **Current employer**
- ☐ **Other employer**
- ☐ **Medicare**
- ☐ **Medicaid**
- ☐ **No health insurance**

44 **What is the current monthly cost of health insurance?** (Please print)

Additional information

45 **Indicate other information not covered elsewhere in the questionnaire or use this area for extra space.** (When using for extra space, please refer to a question number)

Additional information

Additional information

45 Additional information

End Here