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

202601

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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 _____

John Ward Economics

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Wrongful Death Questionnaire Married Persons

This questionnaire is to be filled out by one or more of the following persons: the spouse of the decedent, a representing child of the decedent, 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 decedent's personal history. An economic expert from John Ward Economics will likely contact the surviving spouse, the representing child, 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 free 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 decedent's name, city and state where lived, telephone number of surviving spouse or child to contact for additional information, and the name of the representing attorney.

Decedent's name

City and state where the decedent lived

Telephone number(s) that John Ward Economics can use to contact the decedent's spouse or representing child.

Name of the attorney representing the decedent's spouse and/or children

Decedent's basic demographic data

1 What is the decedent's name? (Please print)

First and last name

2 What was the decedent's sex? (Mark a box)

☐ Male ☐ Female

3 What was the decedent's date of birth? (Use numbers for MM DD YYYY)

Month | Day | Year

4 What was the decedent's race? (Mark one box or specify in the blank box)

☐ White ☐ Black ☐ Hispanic ☐ Asian Other race

5 What was the decedent's U.S. citizenship status? (Mark one box; if other, specify residency status)

☐ Citizen ☐ Visa Other

6 What was the decedent'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

Decedent's spouse data

7 What is the decedent's spouse's name? (Please print)

First and last name

8 What is the spouse's sex? (Mark a box)

☐ Male ☐ Female

9 What is the spouse's date of birth? (Use numbers for MM DD YYYY)

Month | Day | Year

10 What is the spouse's race? (Mark one box or specify other race in the blank box)

☐ White ☐ Black ☐ Hispanic ☐ Asian Other race

Decedent's children and dependents

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

Name	Male / Female	Month	Day	Year	Financially dependent on decedent
Name	Male / Female	Month	Day	Year	Financially dependent on decedent
Name	Male / Female	Month	Day	Year	Financially dependent on decedent
Name	Male / Female	Month	Day	Year	Financially dependent on decedent
Name	Male / Female	Month	Day	Year	Financially dependent on decedent
Name	Male / Female	Month	Day	Year	Financially dependent on decedent

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

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

Decedent's and spouse's home and/or farm

13 **What best describes the decedent's and spouse's primary home?** (Mark one box)

- ☐ Owner of a single family house
- ☐ Owner of a condo, duplex, triplex, etc.
- ☐ Renter of a single family house
- ☐ Renter of an apartment, duplex, triplex, etc.

If the decedent and spouse had/had a farm or acreage please indicate the following: (Mark relevant boxes)

Number of Acres

☐ Own ☐ Livestock ☐ Sold after death
☐ Rent ☐ Crops

14 **Did the decedent and spouse own a vaction home?** (Mark box if yes)

Location of Vacation Home

Date, cause, and description of death

15 **On what date did the death occur?** (Use numbers for MM DD YYYY)

Month	Day	Year

16 **What was the cause of the death?** (Describe how the death occurred and give any relevant injury dates leading up to the death)

Preexisting conditions and characteristics

17 **Did the decedent have any persistent medical or physical conditions that limited the kind or amount of work that they could perform?** (If Yes, please describe)

☐ NO

☐ YES →

If yes, please describe

18 **Did the decedent have any distinguishing physical characteristics?** (Examples: amputations or prominent scarring)

Distinguishing Physical Characteristics

Educational Pursuits

19 **Describe any educational pursuits of the decedent.** (Indicate any education enrollment at the time of death or any plans the decedent had on obtaining additional education)

Employed on date of death?

20 **Was the decedent employed on the date of death?** (If YES, then proceed to question 21. If NO, then SKIP to question number 29)

☐ YES → GO TO 21

☐ NO → GO TO 29

Decedent's job data at date of death

21 **What was the name of the decedent's employer?** (Please print)

Business name

22 **On what date did the decedent begin working for the employer?** (Enter MM DD YYYY)

Begin Month	Begin Day	Begin Year

23 **What was the decedent's job title and/or duties?** (Please print)

Job title and/or duties

24 **List any significant work dates missed before the death.** (Show range of dates)

Days of work missed, if any

25 **How was the decedent paid?** (Mark one box or specify other payment method)

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

Other payment method (describe)

26 **How often was the decedent paid?** (Mark one box or specify other payment schedule)

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

Other payment schedule

27 **How much did the decedent earn and work per pay period?** (Example: $15 per hour for 40 hours per week)

Gross wages earned per pay period and hours worked per pay period

28 **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)

Job held before death

29 **Did the decedent have another relevant job before the date of death?** (If YES, then proceed to question 30. If NO, then SKIP to question number 38)

☐ YES → GO TO **30**

☐ NO → GO TO **38**

Decedent's other job data

30 **What was the name of the decedent's past employer?** (Please print)

Business name

31 **On what dates did the decedent begin and end working for the employer?** (Enter MM DD YYYY)

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

32 **What was the decedent's job title and/or duties?** (Please print)

Job title and duties

33 **List any significant work dates missed before the death** (Show range of dates)

Days of work missed, if any

34 **How was the decedent paid?** (Mark one box or specify other payment method)

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

Other payment method (describe)

35 **How often was the decedent paid?** (Mark one box or specify other payment schedule)

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

Other payment schedule

36 **How much did the decedent earn and work per pay period?** (Example: $15 per hour for 40 hours per week)

Gross wages earned per pay period and hours worked per pay period

37 **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

38 **If the decedent had some other past work experience that would be important to know about in assessing his or her earnings but for the death, please describe that history below.** (Please print)

Other past work history

Decedent's performance of household services

For each task below, please indicate on a scale of 0 to 3 the extent of the decedent's performance of each task. (Mark one box per task. If you like, you can insert comments about special skills or tasks)

39 **Task #1 - Inside housework.** (Examples: vacuuming, sweeping, mopping, scrubbing, or dusting; making beds; cleaning bathrooms, carpets, closets; handling trash/recycling; washing windows; shampooing carpet; laundry; ironing; folding and putting away clean laundry; sewing, knitting, or crocheting; polishing shoes; repairing and hanging curtains; putting away the groceries; moving stuff to attic/basement; or, boxing things up for storage.)

☐ **0 = Did not do this activity** ☐ **1 = Infrequently did this activity** ☐ **2 = Regularly did this activity** ☐ **3 = Was very active in this activity**

Comments.

40 **Task #2 - Food cooking & cleanup.** (Examples: food preparation, baking and cooking; packing food for lunches or picnics; preparing food for company or guests; canning food; serving a meal; setting the table; polishing silverware; clearing the table; loading the dishwasher; washing and drying dishes; putting leftovers away; cleaning up the kitchen; cleaning refrigerator, microwave, or appliances; or, defrosting freezer.)

☐ **0 = Did not do this activity** ☐ **1 = Infrequently did this activity** ☐ **2 = Regularly did this activity** ☐ **3 = Was very active in this activity**

Comments.

41 **Task #3 - Home, vehicle and pet maintenance.** (Examples: moving furniture; painting; woodworking; chopping wood; sweeping or cleaning outside; shoveling snow/ice; picking up trash; fixing the roof or broken windows or screens; hanging outdoor lights; applying pesticides; gardening; mowing, trimming, edging, planting, or weeding; adding chemicals or fertilizer to lawn; maintaining pond, pool, or hot tub; caring and feeding of household pets; maintenance, cleaning, and repair of vehicles or boat; setting up or fixing computer or home entertainment; or, repairing tools, equipment and sporting equipment.)

☐ **0 = Did not do this activity** ☐ **1 = Infrequently did this activity** ☐ **2 = Regularly did this activity** ☐ **3 = Was very active in this activity**

Comments.

Decedent's performance of household services

42 **Task #4 - Household management.** (Examples: paying bills; balancing the checkbook; filing receipts; filling out tax forms; making shopping lists; packing bags; filling out paperwork; wrapping presents; packing boxes for household move or trip; checking smoke detectors; dealing with household emergencies and accidents; finding out information about loans; meeting with an accountant, government official, insurance agent, or lawyer; or, finding and purchasing assets.)

☐ 0 = Did not do this activity ☐ 1 = Infrequently did this activity ☐ 2 = Regularly did this activity ☐ 3 = Was very active in this activity

Comments.

43 **Task #5 - Shopping and obtaining services.** (Examples: buying everyday consumer goods at grocery and department stores; pumping gas; shopping for a new or used car; researching items and prices; going to different stores to compare prices; going to vet with pet; dropping off and picking up clothes at cleaners; hiring a repairer, laborer, landscaper, or mover; having repair work done on car; or, securing day care providers, babysitters, or tutors.)

☐ 0 = Did not do this activity ☐ 1 = Infrequently did this activity ☐ 2 = Regularly did this activity ☐ 3 = Was very active in this activity

Comments.

44 **Task #6 - Travel for household activity.** (Examples: travel associated with any household activity listed above. Includes acting as the "driver" on vacations or leisure trips. Does not include commuting to work or driving as a part of work or travel for child care or helping parents (below))

☐ 0 = Did not do this activity ☐ 1 = Infrequently did this activity ☐ 2 = Regularly did this activity ☐ 3 = Was very active in this activity

Comments.

45 **Task #7 - Caring, helping or assisting family members.** (Examples: dressing, bathing, and feeding family members; caring, and supervising; educating, guidance, counsel; planning and organizing activities; accompanying or transporting; assisting or supporting during joint activities; or, helping at tasks such as computer, taxes, bills, shopping, errands, or home management.)

☐ 0 = Did not do this activity ☐ 1 = Infrequently did this activity ☐ 2 = Regularly did this activity ☐ 3 = Was very active in this activity

Comments.

46 **Who now performs, without pay, some of the household services once completed by the decedent?** (Mark every person who helps without being paid)

☐ Spouse ☐ Children ☐ Parents ☐ Other relatives ☐ Friends and neighbors ☐ Charity groups

Frequent activities performed by family

47 **Indicate frequent activities that the surviving family members spent with decedent** (Mark every relevant example or provide your own examples of time spent with the decedent)

- ☐ **Going out to dinner.**
- ☐ **Attending community events, movies, concerts, sports.**
- ☐ **Church or religious services.**
- ☐ **Vacations, camping, boating, hunting, etc.**
- ☐ **Participatory sports, going on walks, exercising together.**
- ☐ **Attend children's activities.**

Other examples of frequent activities.

Past and probable future expenses due to the death

48 **Indicate any significant past or future anticipated expenses related to the death.**

List expenses

Additional information

49 **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

49 Additional information

End Here