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 _____

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Personal Injury Questionnaire Minor Child

This questionnaire is to be filled out by one or more of the following persons: the parents of the minor child, his or her legal guardian, 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 injury and personal history. An economic expert from John Ward Economics will likely contact the injured minor child's parent, his or her legal guardian, 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 is 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 injured child's name, city and state where living, the name and telephone number of parents or guardian, and the name of representing attorney.

Injured minor child's name

City and state where the minor child currently lives

Names and telephone number(s) that John Ward Economics can use to contact the parents or legal guardian of the minor child.

Name of the attorney representing the minor child

Minor child's basic demographic data

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

First and last name

2 What is the minor child's sex? (Mark a box)

☐ Male ☐ Female

3 What is the minor child's date of birth? (Use numbers for MM DD YYYY)

Month | Day | Year

4 What is the minor child's race? (Mark one box or specify in the blank box)

☐ White ☐ Black ☐ Hispanic ☐ Asian Other race

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

☐ Citizen ☐ Visa Other

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

☐ Pre-K ☐ Kinder-garten ☐ 1st grade ☐ 2nd grade ☐ 3rd grade ☐ 4th grade

☐ 5th grade ☐ 6th grade ☐ 7th grade ☐ 8th grade ☐ 9th grade ☐ 10th grade

☐ 11th grade ☐ 12th, no diploma ☐ GED ☐ High school ☐ Trade school ☐ Some college

Minor child's parent's data

7 What are the parents names and dates of birth? (Please print)

First and last name of mother | Month | Day | Year

First and last name of father | Month | Day | Year

8 What are the parent's highest educational attainment? (Mark **M** in the box indicating the mother's highest educational attainment and mark **F** in the box indicating the Father's highest attained education)

☐ No high school ☐ High school ☐ Some college ☐ Associate degree ☐ Bachelor degree ☐ Graduate degree

9 What are the parents' occupations? (Please print)

Mother's occupation | Father's occupation

Date, cause, and description of injury

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

Month	Day	Year

11 **What was the cause of the injury?** (Describe how the injury occurred)

12 **What main permanent injuries exist?** (List chief afflictions and any pending surgery dates)

13 **Please mark the mental and physical limitations associated with injury?** (Mark all relevant boxes)

☐ Cognitive problems	☐ Memory loss	☐ Chronic pain	☐ Fatigue	☐ Anxiety	☐ Depression
☐ Walking	☐ Standing	☐ Sitting	☐ Bending, kneeling	☐ Climbing stairs	☐ Balancing
☐ Reaching overhead	☐ Lifting, carrying	☐ Hearing loss	☐ Vision loss	☐ Smelling, tasting	☐ Numbness, no feeling

Preexisting conditions

14 **Just before the date of injury, did the minor child have any persistent medical or physical conditions that limited the kind or amount of work that they could or can perform?** (If Yes, please describe)

☐ NO

☐ YES →

If yes, please describe persistent conditions that limited work before the injury

Personal characteristics; social and educational activities

15 **Does the child have any distinguishing physical characteristics?** (Examples: amputations or prominent scarring)

Distinguishing Physical Characteristics

16 **List the recreational or social activities that the minor child is unable to perform due to the injury.**

17 **Describe any educational pursuits of the minor child before or after the injury.** (Describe how the injury has prevented pre-injury educational plans from occurring; or, describe educational or retraining pursuits after the injury.)

Public assistance and insurance

18 **If receiving Social Security Disability benefits, please provide the date that the minor child was declared disabled by the government.** (Use numbers for MM DD YYYY)

Month	Day	Year

19 **If receiving Workers Compensation benefits, please provide the date the minor child started receiving benefits.** (Use numbers for MM DD YYYY)

Month	Day	Year

20 **Please mark the minor child's current source of health insurance benefits.** (Mark all relevant boxes)

- ☐ **Private insurance**
- ☐ **Parent's employer**
- ☐ **Workers comp.**
- ☐ **Medicare**
- ☐ **Medicaid**
- ☐ **No health insurance**

Ongoing costs related to injury

21 **Indicate any significant ongoing or future expenses related to the injury.**

Ongoing costs

Additional information

22 **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

23 Additional information

End Here