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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Personal Injury Questionnaire
Non-Married Adult

This questionnaire is to be filled out by one or more of the following persons: the injured person, his or her representative, 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 person, his or her representative, 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. (past or anticipated future expenses).

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 person's name, city and state where living, telephone number to contact the injured person, and the name of representing attorney.

Injured person's name

City and state where the injured person currently lives

Telephone number(s) that John Ward Economics can use to contact the injured person. If it would be best to speak with the injured person's family representative, please provide their telephone number(s).

Name of the attorney representing the injured person

Injured person's basic demographic data

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

First and last name

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

☐ Male ☐ Female

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

Month | Day | Year

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

☐ White ☐ Black ☐ Hispanic ☐ Asian Other race

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

☐ Citizen ☐ Visa Other

6 To date, what is the injured 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

Primary caretaker of the injured person (if any)

7 Does the injured person have a primary caretaker or guardian? (If YES then proceed to question 8. If NO, then SKIP to question number 11)

☐ YES → GO TO 8

☐ NO → GO TO 11

8 What is the primary caretaker or guardian's name? (Please print)

First and last name

9 Does primary caretaker or guardian live with the injured person? (Mark Yes or No)

☐ YES ☐ NO

10 Is the primary caretaker or guardian paid for the services they provide to the injured person? (Mark Yes or No)

☐ YES ☐ NO

Injured person's children and dependents

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

Name		Month	Day	Year	
	☐ Male ☐ Female				☐ Financially dependent on injured person
	☐ Male ☐ Female				☐ Financially dependent on injured person
	☐ Male ☐ Female				☐ Financially dependent on injured person
	☐ Male ☐ Female				☐ Financially dependent on injured person
	☐ Male ☐ Female				☐ Financially dependent on injured person
	☐ Male ☐ Female				☐ Financially dependent on injured person

12 **List any other persons <u>dependent</u> upon the injured 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

Injured person's home and/or farm

13 **What best describes the injured person'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 injured person has a farm or acreage please indicate the following: (Mark relevant boxes)

Number of Acres

☐ **Own** ☐ **Livestock**

☐ **Rent** ☐ **Crops**

14 **Does the injured person own a vaction home?** (Mark box if yes)

Location of Vacation Home

Date, cause, and description of injury

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

Month	Day	Year

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

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

18 **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

19 **Just before the date of injury, did the injured person 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

20 **Does the injured person have any distinguishing physical characteristics?** (Examples: amputations or prominent scarring)

Distinguishing Physical Characteristics

21 **List the recreational or social activities that the injured person is unable to perform due to the injury.**

22 **Describe any educational pursuits of the injured person 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

23 **If currently receiving Social Security Disability benefits, please provide the date that the injured person was declared disabled by the government.** (Use numbers for MM DD YYYY)

Month	Day	Year

24 **If currently receiving Workers Compensation benefits, please provide the date the injured person started receiving benefits.** (Use numbers for MM DD YYYY)

Month	Day	Year

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

☐ **Private insurance** ☐ **Employer insurance** ☐ **Workers comp.** ☐ **Medicare** ☐ **Medicaid** ☐ **No health insurance**

Now employed?

26 **Is the injured person currently employed?** (If YES then proceed to question 27. If NO, then SKIP to question number 35)

☐ YES → GO TO **27**

☐ NO → GO TO **35**

Injured person's current job data

27 **What is name of the injured person's current employer?** (Please print)

Business name

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

Begin Month	Begin Day	Begin Year

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

Job title and duties

30 **List any work dates missed due to the injury.** (Show range of dates)

Days of work missed

31 **How is the injured person paid?** (Mark one box or specify other payment method)

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

Other payment method (describe)

32 **How often is the injured person paid?** (Mark one box or specify other payment schedule)

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

Other payment schedule

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

Gross wages earned per pay period

34 **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)

Employed on injury date?

35 **Was the injured person employed on the date of injury?** (If YES, then proceed to question 36. If NO, then SKIP to question number 44)

☐ YES → GO TO **36**

☐ NO → GO TO **44**

Injured person's job data at date of injury

36 **What was name of the injured person's employer on the date of injury?** (Please print)

Business name

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

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

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

Job title and duties

39 **List any work dates missed due to the injury.** (Show range of dates)

Days of work missed

40 **How was the injured person paid?** (Mark one box or specify other payment method)

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

Other payment method (describe)

41 **How often was the injured person paid?** (Mark one box or specify other payment schedule)

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

Other payment schedule

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

Gross wages earned per pay period

43 **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 injury

44 **Did the injured person historically have a significant job (before the job held on the injury date)?**
(If YES, then proceed to question 45. If NO, then SKIP to question number 53)

☐ YES → GO TO 45

☐ NO → GO TO 53

Injured person's relevant job data prior to injury

45 **What was name of the injured person's past significant job employer?** (Please print)

Business name

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

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

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

Job title and duties

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

Days of worked missed

49 **How was the injured person paid?** (Mark one box or specify other payment method)

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

Other payment method (describe)

50 **How often was the injured person paid?** (Mark one box or specify other payment schedule)

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

Other payment schedule

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

Gross wages earned per pay period

52 **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

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

Other past work history

Impact of injury on ability to perform household chores

For each task below, please indicate on a scale of 0 to 5 the extent of the injured person's ability to perform each task. (Mark one box per task. If you like, you can insert comments or specific problems)

54 **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 = Injury has zero impact** ☐ **1 = Injury has little impact** ☐ **2 = Injury has some impact** ☐ **3 = Injury mostly limits** ☐ **4 = Almost 100% prevented** ☐ **5 = Injury 100% prevents**

Comments or specific problems of note.

55 **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 = Injury has zero impact** ☐ **1 = Injury has little impact** ☐ **2 = Injury has some impact** ☐ **3 = Injury mostly limits** ☐ **4 = Almost 100% prevented** ☐ **5 = Injury 100% prevents**

Comments or specific problems of note.

56 **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 = Injury has zero impact** ☐ **1 = Injury has little impact** ☐ **2 = Injury has some impact** ☐ **3 = Injury mostly limits** ☐ **4 = Almost 100% prevented** ☐ **5 = Injury 100% prevents**

Comments or specific problems of note.

Impact of injury on ability to perform household chores

57 **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 = Injury has zero impact ☐ 1 = Injury has little impact ☐ 2 = Injury has some impact ☐ 3 = Injury mostly limits ☐ 4 = Almost 100% prevented ☐ 5 = Injury 100% prevents

Comments or specific problems of note.

58 **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 = Injury has zero impact ☐ 1 = Injury has little impact ☐ 2 = Injury has some impact ☐ 3 = Injury mostly limits ☐ 4 = Almost 100% prevented ☐ 5 = Injury 100% prevents

Comments or specific problems of note.

59 **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 = Injury has zero impact ☐ 1 = Injury has little impact ☐ 2 = Injury has some impact ☐ 3 = Injury mostly impacted ☐ 4 = Almost 100% prevented ☐ 5 = Injury 100% prevents

Comments or specific problems of note.

60 **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 = Injury has zero impact ☐ 1 = Injury has little impact ☐ 2 = Injury has some impact ☐ 3 = Injury mostly limits ☐ 4 = Almost 100% prevented ☐ 5 = Injury 100% prevents

Comments or specific problems of note.

61 **Who helps the injured person, without pay, in performing the household chores once completed before the injury date?** (Mark every person who helps the injured person without being paid)

☐ Caretaker or guardian ☐ Children ☐ Parents ☐ Other relatives ☐ Friends and neighbors ☐ Charity groups

Ongoing or future expenses related to the injury

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

Anticipated future expenses

Additional information

63 **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

63 Additional information

Additional information

End Here