







UTAH PERSONAL INJURY DAMAGES AND EXPENSES WORKSHEETS




This worksheet is designed to help you obtain the full value of your Utah personal injury claim. To obtain the full value of your claim, your attorney will need to know the amount of your damages and expenses from the accident. Keeping track of your damages and expenses is a critical part of obtaining the full value of your personal injury claim.

Under Utah law, you are entitled to recover economic damages in connection with your injury. Economic damages include damages such as: the cost of your medical bills; the cost of future medical treatments; property damage; lost earnings; future lost earnings; household services; and out-of-pocket expenses). You are also entitled to recover non-economic damages such as: past pain and suffering; future pain and suffering; loss of consortium; and emotional distress.

The best way to get the full value of your economic and non-economic damages is to be proactive and keep track of your damages on the worksheets below. In addition, make sure to keep copies of your bills and expenses so that your attorney can add those to your claim.

The following forms are included in this worksheet.

-  Medical Expenses Worksheet
-  Property Damage Worksheet
-  Household Services Worksheet
-  Contacts for My Personal Injury Case

-  Prescriptions Worksheet
-  Lost Wages Worksheet
-  Other Out-of-Pocket Expenses



ESSENTIAL SERVICES VERIFICATION

Claim:		Injured Person:	
1. Your Name: (Person Providing Service)			
2. Address:			
3. Telephone:	Home:	Work:	
4. Social Security Number:		5. Usual Occupation:	
6. Please describe, in detail, the services provided:			
7. Have you provided similar services for the injured person prior to the above accident date?			
8. Are you a relative of the injured person?			



9. Schedule of Services:

No.	Date of Service / Activity	Tasks performed	# hours worked	Hourly charge	Total charge
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Please sign your name and date:

USE BACK SIDE OF FORM AS NEEDED FOR ADDITIONAL DAYS OF SERVICE

