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Lost/Reduced Wages Letter to Counsel

In order to present a claim on your behalf for lost wages, and/or impaired wages, as a result of the incident, it is necessary for me to obtain all of the following information, whether you provide it or someone from your employer:

1. name, address and telephone number of your employer at the time of the incident

	phone number
	date you started working there
	name of person to contact there

2. Your job title at the time of the incident: _____

3. Before the incident: how many hours did you work on average, each week? _____

how many days did you work each week? _____

what was your average gross weekly wage? _____

if you earned overtime pay, how much each week? _____

4. Dates absent from work due to disability from the above accident: _____

5. List all disability payments you received:

(a) from Workers Compensation: \$_____, for what period of time? _____

(b) NJ State Temporary Disability: \$_____, for what period of time? _____

(c) sick time? Vacation time? \$_____, for what period of time? _____

(d) any other disability plans? \$_____, for what period of time? _____

Please attach a copies of payments stubs for the two to three month period before the incident, copies of checks for all disability payments, and any other document/paper that proves the information provided above.

In addition, please provide me with copies of your income tax returns for the last two years.

Please call me with any questions or comments. - **ANDY GARRUTO**