MCGINTY & JOHNSON

ATTORNEYS AT LAW

Email: gamcginty@sbcg..obal.net
aliciabelle@sbcglobal.net

2238 E. Loop 820
Fort Worth, Texas 76112
817.446.6112
metro 817.446.9890
fax: 817.446.0524

Wage Loss Verification Form

This form is to be filled out by your employer.

TO THE EMPLOYER:

This statement is for the benefit of your employee in connection with the claim for damages resulting from an accident, which was in **no way** connected with our client's employment at your company. It would be beneficial to our client if this form is accomplished completely.

Name of Employer:		
Your Name:		
Your Position/Title		
Address:		
Telephone #		
Employee Information		
Name of Employee:		
Address:		
Employee's Position:		
Employee's Duties:		
Salary of Employee	***Per hour:***	***Hours Per week:***
	*Bonus, commissions or overtime pay lost, **if any:***	
Did Employee lose any earnings due to this accident?	☐ **YES** ☐ **NO**	* *Hours lost multiplied by the wage of employee*
	Total Hours Lost From Work:	
	Total amount lost from work:	**$**
Comments?		

***** Any Person Who Knowingly Files A Statement Of Claim Containing Any False Or Misleading Information Is Subject To Criminal And Civil Penalties. *****

Signed by:	Today's Date:
Print Your Name:	Your Contact Telephone #: