



**Legal
Economic
Evaluations**

EMPLOYEE STOCK OPTION VALUATION

Unique Identifying Number (For Office Use Only):

Date:

CONTACT INFORMATION

Contact Name:

Firm Name, If Applicable:

Address:

City:

State:

Zip Code:

Telephone:

Fax:

E-mail:

CASE INFORMATION

Name of Employee:

Employer:

Name of Plan:

Options are to be apportioned?

Options are to be valued?

Date of Birth:

Date of Marriage:

Date of Separation:

Date Started Employment:

Is the Employee still employed?

If No, Date of Termination:

Date Spouse's Interest in Plan Ends:

Please Describe the Purpose(s) of the Options, Examples Include: Incentive - Reward

INFORMATION REQUIRED

Any documentation or correspondence regarding the purpose(s) of the options.

A copy of the Employee's most recent stock option statement

A copy of the Employee's stock option plan.

Is there anything else unique about the case that we need to know? If yes, please provide details:

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