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Quality Workers' Compensation Litigation Since 2005

VENTURA COUNTY | SANTA BARBARA COUNTY | LOS ANGELES COUNTY | ORANGE COUNTY | INLAND EMPIRE

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NEW CASE TRANSMITTAL

APPLICANT NAME: _____

ADDRESS: _____

_____

TELEPHONE #: _____

DATE OF BIRTH: _____

SS #: _____

EMPLOYER: _____

ADDRESS: _____

_____

DATE OF INJURY: _____

LOCATION OF INJURY: _____

_____

BODY PARTS INJURED: _____

_____

_____

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A Professional Corporation

NEW CASE TRANSMITTAL

DATE CLAIM FILED: _____

ACCEPTED CLAIM? _____

IF DENIED, DENIAL DATE: _____

MPN INVOLVED? _____

IF MPN, DATE OF MPN NOTICE: _____

EMPLOYMENT INFORMATION:

EARNINGS: _____

DATE OF HIRE: _____

STILL EMPLOYED: _____

IF NOT, PLEASE PROVIDE CIRCUMSTANCES OF TERMINATION:

_____

_____

OCCUPATION: _____

OCCUPATIONAL CODE: _____

ANCILLARY ISSUES:

Serious and Willful claim? _____

Third Party Allegation? _____

132a claim? _____

PRIOR CLAIMS?: _____

_____

APPLICANT'S ATTORNEY: _____

ADDRESS: _____

_____

TELEPHONE #: _____

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NEW CASE TRANSMITTAL

WITNESSES?

If so, please provide:

NAME: _____

ADDRESS: _____

_____

TELEPHONE #: _____

NAME: _____

ADDRESS: _____

_____

TELEPHONE #: _____

Please provide any other pertinent or relevant information:

_____

_____

_____

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