

Client Information

Adjuster

Company

( ) ( )  
Phone Fax

E-Mail

Attorney Assignment

Case Information

Applicant

Date of Injury

Social Security Number

Employer

Claim Number

WCAB Number

Third-Party Administrator

Policy Period

Part(s) of Body Injured

Applicant Counsel

Attorney/Law Firm

Address

City, State Zip Code ( ) Phone

Benefits Paid (or attach a printout of benefits)

\$ Total Medical

\$ Total TD Dates Rate AWW

\$ Total PD Dates Rate

Appearance/Scheduled Events

Application Filed Y/N DOR Filed Y/N

Hearing Date Type of Hearing

Name of AME/Panel QME

Examination Date/Time

REMARKS/SPECIAL HANDLING: