

ADELSON, TESTAN, BRUNDO & JIMENEZ

LEGAL TRANSMITTAL WORKERS COMPENSATION/SUBROGATION

5805 Sepulveda Blvd. Suite 800, Van Nuys, CA 91411 • Tel: (818) 225-5868
180 Grand Avenue, Suite 350, Oakland, CA 94612 • Tel: (510) 267-0955
1111 E. Herndon Avenue, Suite 303, Fresno, CA 93720 • Tel: (559) 228-8135
1 World Trade Center, #1100, Long Beach, CA 90831 • Tel: (562) 951-9334
2500 Venture Oaks Way, Suite 220, Sacramento CA95833 • Tel: (916) 481-8775
P.O. Box 11789, San Bernardino, CA 92423 • Tel: (909) 890-3551
P.O. Box 5157, San Luis Obispo, CA 93403 • Tel: (805) 489-7232
1450 Frazee Road, Suite 712, San Diego, CA 92108 • Tel: (619) 543-9960
4590 East Thousand Oaks Blvd., Suite 200, Thousand Oaks, CA 91362
180 Montgomery St. #1000, San Francisco, CA 94104 • Tel: (415) 438-1990
560 South Winchester Blvd., Suite 500, San Jose, CA 95128 • Tel: (408) 423-9270
1851 East First Street, Suite 100, Santa Ana, CA 92705 • Tel: (714) 245-8888

2080 Silas Deane Highway #304, Rocky Hill, CT 06067 • Tel: (860) 563-6200
One Financial Plaza 100 SE 3rd Ave., Suite 2020, Fort Lauderdale, FL 33394
125 S. Wacker Drive #1717, Chicago, IL 60606 • Tel: (312) 541-0448
300 Connell Drive #1100, Berkeley Heights, NJ 07922 • Tel: (908) 771-0200
6970 O'Bannon Drive, Bldg. 2, Las Vegas, NV 89117 • Tel: (702) 254-1186
3601 N. Classen Blvd., Suite 103, Oklahoma City, OK 73118 • Tel: (405) 521-8600
Iowa: c/o 14301 First National Bank Parkway, Suite 304, Omaha, NE 68154
Missouri: c/o 14301 First National Bank Parkway, Suite 304, Omaha, NE 68154
Nebraska: c/o 14301 First National Bank Parkway, Suite 304, Omaha, NE 68154
9600 Great Hills Trail, Suite 150 W, Austin, TX 78759

EMPLOYEE

EMPLOYEE ADDRESS CITY STATE ZIP

EMPLOYER

EMPLOYEE ADDRESS CITY STATE ZIP

DATE(S) OF INJURY DATE OF HIRE

DATE OF BIRTH SOCIAL SECURITY NO.

CLAIM NUMBERS(S)

WCAB NUMBERS(S) OCCUPATION

CARRIER POLICY PERIOD

SUGGESTED ISSUES

- _____ (1) Injury AOE/COE
- _____ (2) Parts of Body Injured
- _____ (3) Period of Temporary Disability
- _____ (4) Earnings
- _____ (5) Permanent Disability
- _____ (6) Self-Procured Medical
- _____ (7) Future Medical
- _____ (8) Employment - Independent Contractor
- _____ (9) Coverage
- _____ (10) Occupation
- _____ (11) Statute of Limitations
- _____ (12) Vocational Rehabilitation
- _____ (13) Death and Dependency
- _____ (14) LC 132a
- _____ (15) Serious & Wilful Against Employer
- _____ (16) Serious & Wilful Against Employee
- _____ (17) Subrogation
- _____ (18) LC 5814 Penalty
- _____ (19) 90-Day Deadline Approaching

EXAMINER'S REMARKS:

URGENCY OR SPECIAL HANDLING INSTRUCTIONS

Attorney Preference: _____

DOR Filed? Yes No: ___/___/___

Appearance Type _____ Date: ___/___/___

Deposition Scheduled or needed?: _____

Medical Exam Scheduled or needed? _____

With whom & When? _____

90-day deadline approaching? Yes No: ___/___/___

Original medical reports are: attached filed ___

Copies served on applicant: Yes No: _____

BENEFITS PAID (Omit Summary if attached)

Earnings: _____ per _____

Average Weekly Wage based on wage statement? Yes No:
(If yes, please attach to this document)

Medical Treatment _____

Permanent Disability _____

VRTD _____

Temporary Disability Rate _____

Dates TD Paid _____

POST 1-1990 CASES ONLY

Claim form received: No Yes: ___/___/___

90th day to accept or deny is ___/___/___

Denied within 90 days? Yes No Date: ___/___/___

If disabled for 90 days - QRR assigned? Yes No

Application filed? No Yes: ___/___/___

EXAMINER: _____

Date: _____

Company: _____

Telephone: _____