# ADELSON, TESTAN, BRUNDO, NOVELL & JIMENEZ

## LEGAL TRANSMITTAL
## WORKERS COMPENSATION/SUBROGATION


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EMPLOYEE

EMPLOYEE ADDRESS | CITY | STATE | ZIP

EMPLOYER

EMPLOYER 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

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 _______________

Avergage 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'S REMARKS:

EXAMINER: ________________________________ Company: ________________________________

Date: ________________________________ Telephone:________________________________