

# ADELSON, TESTAN, BRUNDO, NOVELL & JIMENEZ

## LEGAL TRANSMITTAL WORKERS COMPENSATION/SUBROGATION

1111 E. Herndon Avenue, Suite 303, Fresno, CA 93720 • Tel: (559) 228-8135  
 100 W. Broadway, Suite 200, Long Beach, CA 90802 • Tel: (562) 951-9334  
 445 South Figueroa Street, Suite 2520, Los Angeles, California 90071 • Tel: (818) 738-7601  
 1999 Harrison Street, Suite 810, Oakland, CA 94612 • Tel: (510) 267-0955  
 1200 California Street, Suite 150, Redlands, CA 92374 • Tel: (909) 890-3551  
 2500 Venture Oaks Way, Suite 220, Sacramento CA95833 • Tel: (916) 481-8775  
 1450 Frazee Road, Suite 712, San Diego, CA 92108 • Tel: (619) 543-9960  
 601 Montgomery Street, Suite 1000, San Francisco, CA 94111 • Tel: (415) 438-1990  
 1900 The Alameda, Suite 630, San Jose, CA 95126 • Tel: (408) 423-9270  
 3940-7 Broad Street, Suite 122, San Luis Obispo, CA 93401 • Tel: (805) 489-7232  
 1851 East First Street, Suite 100, Santa Ana, CA 92705 • Tel: (714) 245-8888  
 31330 Oak Crest Drive, Westlake Village, CA 91361 • Tel: (805) 604-1816  
 2080 Silas Deane Highway #304, Rocky Hill, CT 06067 • Tel: (860) 563-6200  
 One Financial Plaza 100 SE 3rd Ave., Suite 1350, Fort Lauderdale, FL 33394

121 S. Orange Avenue, Suite 1500, Orlando, FL 32801 • Tel: (407) 218-8755  
 3030 N. Rocky Point Drive, Suite 150, Tampa, FL 33607 • Tel: (813) 512-3341  
 1645 Palm Beach Lakes Blvd., Suite 350, West Palm Beach, FL 33401  
 125 S. Wacker Drive #1717, Chicago, IL 60606 • Tel: (312) 541-0448  
 Iowa: c/o 1299 Farnam Street, Suite 300, Omaha, NE 68102 • Tel: (402) 881-4800  
 Kansas: c/o 1299 Farnam Street, Suite 300, Omaha, NE 68102 • Tel: (402) 881-4800  
 Missouri: c/o 1299 Farnam Street, Suite 300, Omaha, NE 68102 • Tel: (402) 881-4800  
 Nebraska: 1299 Farnam Street, Suite 300, Omaha, NE 68102 • Tel: (402) 881-4800  
 6220 McLeod Drive, Suite 110, Las Vegas, NV, 89120 • Tel: (702) 254-1186  
 150 Allen Road, Suite 200, Basking Ridge, NJ 07920 • Tel: (908) 771-0200  
 811 Church Road, Suite 218, Cherry Hill, NJ 08002 • Tel: (856) 946-1709  
 3601 N. Classen Blvd., Suite 103, Oklahoma City, OK 73118 • Tel: (405) 521-8600 600  
 Chestnut Street, Suite 674, Philadelphia, PA 19106 • Tel: (267) 535-5445  
 9600 Great Hills Trail, Suite 150 W, Austin, TX 78759 • Tel: (512) 851-7933

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 \_\_\_\_\_

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'S REMARKS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

EXAMINER: \_\_\_\_\_ Company: \_\_\_\_\_  
 Date: \_\_\_\_\_ Telephone: \_\_\_\_\_