



**LOUIE &
STETTLER**
A Law Corporation

Burbank

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DATE: _____

FROM: _____
(COMPANY NAME/BRANCH OFFICE)

Emeryville

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Orange

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(CLAIMS EXAMINER)

(CLAIMS EXAMINER'S DIRECT #)

LITIGATION REFERRAL SHEET

CLAIM NO		WCAB NO		<p align="center">SUGGESTED ISSUES (CHECK)</p> <input type="checkbox"/> Employment <input type="checkbox"/> Apportionment <input type="checkbox"/> Occupation <input type="checkbox"/> Fut. Med. Care <input type="checkbox"/> Inj. (Nat. & Ext.) <input type="checkbox"/> Self-Proc. Care <input type="checkbox"/> Inj. (AOE/COE) <input type="checkbox"/> Jurisdiction <input type="checkbox"/> Ins. Coverage <input type="checkbox"/> Statute of Lim. <input type="checkbox"/> Earnings <input type="checkbox"/> Dependency <input type="checkbox"/> Temp. Disability <input type="checkbox"/> Voc. Rehab <input type="checkbox"/> Perm. Disability <input type="checkbox"/> Labor Relations <input type="checkbox"/> Subrogation <input type="checkbox"/> Discrimination			
INSURANCE COMPANY		SELF-INSURED					
POLICY NUMBER		POLICY PERIODS					
APPLICANT			DATE OF INJURY				
AGE	OCCUPATION		EARNINGS				
EMPLOYMENT TERMINATED		DATE TERMINATED				<p align="center">WORK IN PROGRESS (CHECK)</p> <input type="checkbox"/> Index Check Run <input type="checkbox"/> Statements Arranged <input type="checkbox"/> Med Rec Subpoenaed <input type="checkbox"/> Subrosa Arranged <input type="checkbox"/> Empl Rec Solicited <input type="checkbox"/> Delay Letter Sent <input type="checkbox"/> Payroll Rec Solicited <input type="checkbox"/> Denial Letter Sent <input type="checkbox"/> Job Desc. Solicited <input type="checkbox"/> QRR Assigned <input type="checkbox"/> Settlement Pending	
EMPLOYER (INCLUDE ADDRESS & PHONE NO.)							
T.D. PAID		RATE					
FROM		TO					
P.D. PAID		RATE					
FROM		TO					
ADDITIONAL ADVANCES		TOTAL MEDICAL PAID		<p>AUTHORITY TO SUBPOENA RECORDS</p> <input type="checkbox"/> YES <input type="checkbox"/> NO			
DATE OF TRIAL		CONFERENCE		<p>DEPO AUTHORITY</p> <input type="checkbox"/> YES <input type="checkbox"/> NO			
		MISC		<p>DEFENSE EXAM(S)</p> <input type="checkbox"/> SET <input type="checkbox"/> CLAIMS WILL SET <input type="checkbox"/> ATTORNEY MAY SET			

COMMENTS AND RECOMMENDATIONS (INCLUDE SPECIAL INSTRUCTIONS/REPORTING REQUIREMENTS)