



DATE: _____

FROM: _____
(COMPANY NAME/BRANCH OFFICE)

(CLAIMS EXAMINER)

(CLAIMS EXAMINER'S DIRECT #)

Burbank

303 N. Glenoaks Blvd, Ste 400
Burbank, CA 91502-1116
Telephone: (818) 461-9559
Fax: (818) 843-1156

Orange

625 The City Drive South, Ste 480
Orange, CA 92868
Telephone: (714) 683-2850
Fax: (714) 683-2851

LITIGATION REFERRAL SHEET

CLAIM NO		WCAB NO		SUGGESTED ISSUES (CHECK) <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		WORK IN PROGRESS (CHECK) <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	
EMPLOYMENT TERMINATED		DATE TERMINATED			
EMPLOYER (INCLUDE ADDRESS & PHONE NO.)					
T.D. PAID		RATE			
FROM		TO		AUTHORITY TO SUBPOENA RECORDS <input type="checkbox"/> YES <input type="checkbox"/> NO DEPO AUTHORITY <input type="checkbox"/> YES <input type="checkbox"/> NO DEFENSE EXAM(S) <input type="checkbox"/> SET <input type="checkbox"/> CLAIMS WILL SET <input type="checkbox"/> ATTORNEY MAY SET	
P.D. PAID		RATE			
FROM		TO			
ADDITIONAL ADVANCES		TOTAL MEDICAL PAID			
DATE OF TRIAL	CONFERENCE	MISC			
COMMENTS AND RECOMMENDATIONS (INCLUDE SPECIAL INSTRUCTIONS/REPORTING REQUIREMENTS)					