Law Offices of

HALLETT, EMERICK, WELLS & SAREEN

Professional Law Corporation

Transmittal Form For Compensation Litigation

WCAB. NO.(s) _____

CLAIM NO.(s) _____

DATE(s) OF INJURY _____

CLAIMANT'S NAME _____

APPLICANT'S ATTORNEY'S NAME, ADDRESS, PHONE #

_____

_____

NAME OF EMPLOYER _____

NAME OF INSURANCE COMPANY _____

POLICY PERIOD _____

TEMPORARY DISABILITY PAID _____

a. Total Paid _____

b. Weekly Rate _____

c. Periods Covered _____

PERMANENT DISABILITY ADVANCED _____

PREPARATION FOR HEARING

DATE RECEIVED CLAIM FORM _____

DATE DELAY LETTER _____

DATE DENIAL LETTER _____

DATE APPLICATION REC'D _____

DATE FILE SENT _____

DECLARATION OF READINESS FILED? _____

DATE HEARING SET _____

DEPO AUTHORIZATION? _____

SUGGESTED ISSUES

(Circle number and reason below)

1. Disability
   a. Temporary
   b. Permanent
   c. Apportionment
2. Medical Treatment
   a. Liability for past
   b. Need for further
3. Injury AOE and COE
4. Statute of Limitations
5. Average Earnings
6. Occupation
7. Coverage for employer or this employee
8. Employment or employer identity disputed
9. Vocational Rehabilitation
10. Other _____

REMARKS: _____

_____

_____

NAME AND ADDRESS OF CLAIMS EXAMINER:

_____

_____

_____

DATE:

_____

TELEPHONE NUMBER:

_____

☐ 325 W. Hospitality Suite 300
San Bernardino, CA 92408-3211
(909) 890-0403
FAX (909) 890-2483
E-Mail: sbr@hmplc.com
Venues: San Bernardino, (Bishop), Riverside, (Palm Springs), Pomona and San Diego

☐ 5 Corporate Park, Suite 280
Irvine, CA 92606-5169
(949) 250-1216
FAX (949) 250-1217
E-Mail: irv@hmplc.com
Venues: Santa Ana, Anaheim, Long Beach, Marina del Ray, San Diego

☐ 23622 Calabasas Rd. Suite 251
Calabasas, CA 91302
(818) 348-8366
FAX (818) 348-7780
E-Mail: cls@hmplc.com
Venues: Los Angeles, Van Nuys, Marina del Rey, Oxnard, Santa Barbara, Grover Beach, and Bakersfield