



HALLETT EMERICK WELLS & SAREEN

PROFESSIONAL LAW CORPORATION

GUIDING OUR CLIENTS FOR OVER 30 YEARS

Transmittal Form For Compensation Litigation

ADJ. NO.(s) _____	NAME OF EMPLOYER _____
CLAIM NO.(s) _____	NAME OF INSURANCE COMPANY _____
DATE(s) OF INJURY _____	POLICY PERIOD _____
CLAIMANT'S NAME _____	TEMPORARY DISABILITY PAID _____
APPLICANT'S ATTORNEY'S NAME, ADDRESS, PHONE # _____ _____	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:

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