



HALLETT EMERICK WELLS & SAREEN

PROFESSIONAL LAW CORPORATION

GUIDING OUR CLIENTS FOR OVER 30 YEARS

Transmittal Form For Compensation Litigation

WCAB. 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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