



SHAW · JACOBSMEYER · CRAIN · CLAFFEY · NIX

LIMITED LIABILITY PARTNERSHIP

Litigation Referral

Client Information

Adjuster: _____ Carrier/TPA/Self-Admin Employer: _____
Address: _____ State/Province: _____ Zip/Postal Code: _____
Phone: _____ Fax: _____ Email: _____
Claim No.: _____ Policy No.: _____ Policy Period: _____

Employer Information

Employer Name: _____ Employer Contact / Title: _____
Address: _____ State/Province: _____ Zip/Postal Code: _____
Phone: _____ Fax: _____ Email: _____

Employee Information

Full Name: _____ SSN: _____ Date of Birth: _____
Address: _____ State/Province: _____ Zip/Postal Code: _____
Phone: _____ Fax: _____ Email: _____
Date of Hire: _____ Occupation: _____ Injuries: _____
Law Firm: _____ Attorney: _____ WCAB Numbers: _____
Address: _____ State/Province: _____ Zip/Postal Code: _____
Phone: _____ Fax: _____ Email: _____

Issues

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Insurance | <input type="checkbox"/> Injury - AOE-COE | <input type="checkbox"/> Injury - Nature/Eextent |
| <input type="checkbox"/> Earnings | <input type="checkbox"/> Occupation | <input type="checkbox"/> Medical Tx | <input type="checkbox"/> Temp Disability |
| <input type="checkbox"/> Permanent Disability | <input type="checkbox"/> Apportionment | <input type="checkbox"/> 15% +/- | <input type="checkbox"/> Dependency |
| <input type="checkbox"/> Statute of Limitations | <input type="checkbox"/> VR/SSJDB | <input type="checkbox"/> Liens | <input type="checkbox"/> Contribution / Other |

Comments:

Critical Issues

90 Day Decision Due: _____ Temporary Disability First Paid: _____ Temporary Disability Rate: _____
From: _____ To: _____ From: _____ To: _____ Permanent Advance \$ _____
 Benefit Printout Provided Total Medical Paid: \$ _____ Offer Alt Mod Reg Work: _____
Date: _____ Form: _____ Hearing Scheduled For: _____

Comments:

- Scheduled Medical Exam Depo of: _____ File DOR Prepare Appeal Due: _____

Requested Attorney

Oakland

475 - 14th St. #230
 Oakland, California 94612
Phone: (510) 645-7172
Toll Free Fax: (866) 563-0092

San Francisco

225 Bush Street, 16th Floor
 San Francisco, California 94111
Phone: (415) 439-8317
Toll Free Fax: (866) 563-0092

Los Angeles/Beverly Hills

9595 Wilshire Boulevard, St. 900
 Beverly Hills, California 90212
Phone: (310) 300-3428
Toll Free Fax: (866) 563-0092