ALBERT AND MACKENZIE

NEW LITIGATION REFERRAL
LIMITED-LIENS ONLY

NORTHERN CALIFORNIA OFFICE
1255 TREAT BOULEVARD, SUITE 300
WALNUT CREEK, CALIFORNIA 94597
PH. 925-465-1261 FAX 925-476-0506

SOUTHERN CALIFORNIA OFFICE
28348 ROADSIDE DRIVE, SUITE 105
AGOURA HILLS, CALIFORNIA 91301
PH. 818-575-9876 FAX 818-575-9006

CLAIM OR FILE NO.	POLICY NO.	POLICY PERIOD	DATE OF INJURY
CLAIMANT	CLAIMANT'S ADDRESS		90TH DAY
EMPLOYER	EMPLOYER'S ADDRESS		❒ ACCEPTED ❒ DELAYED ❒ DENIED DATE:
IF ADJUSTING FOR CARRIER, NAME AND ADDRESS OF INSURANCE COMPANY			DATE OF BIRTH / AGE ON DOI SOCIAL SECURITY NO.

WAGE BASIS	OCCUPATION	❒ PERMANENT ❒ TEMPORARY	❒ PART-TIME ❒ CASUAL	❒ SEASONAL ❒ OTHER (EXPLAIN BELOW)

TEMPORARY PAID	RATE	PERIODS COVERED	MEDICAL PAID
PERMANENT PAID	RATE	PERIODS COVERED	PD ADVANCES PAID
VRMA PAID	RATE	PERIODS COVERED	MEDICAL REPORTS FILED AND SERVED ❒ YES ❒ NO

APPLICATION FILED? ❒ YES ❒ NO D/R FILED? ❒ YES ❒ NO	W.C.A.B. CASE NUMBER	HEARING DATE	LOCATION	IF NOT, PLEASE FURNISH THE ORIGINAL AND 2 COPIES OF ALL REPORTS.

CLAIMANT'S ATTORNEY — ATTORNEY'S ADDRESS

SUGGESTED ISSUES

❒ INJURY ❒ COVERAGE ❒ TEMPORARY DISABILITY ❒ PAST MEDICAL ❒ DEPENDENCY
❒ EMPLOYMENT ❒ JURISDICTION ❒ PERMANENT DISABILITY ❒ FUTURE MEDICAL ❒ OTHER
❒ OCCUPATION ❒ STATUTE OF LIMITATIONS ❒ EARNINGS ❒ APPORTIONMENT (EXPLAIN BELOW)

ACTION PENDING

❒ MEDICAL EXAMINATION ❒ INVESTIGATION ❒ WAGE STATEMENT ❒ EMPLOYER STATEMENT ❒ OTHER (EXPLAIN BELOW)

REMARKS AND INSTRUCTIONS

FROM: BY DATE