ALBERT AND MACKENZIE

NEW LITIGATION REFERRAL

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 ☐ PART-TIME ☐ SEASONAL ☐ TEMPORARY ☐ CASUAL ☐ 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