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CLIENT

| | | | |
|--------------------------|--|---------------------------|-------------|
| NAME: | | DATE OF INJURY: | |
| CLAIM NUMBER: | | WCAB CASE NO. (S): | |
| ADDRESS: | | | |
| EXAMINER: | | PHONE: () | EXT: |
| COVERAGE PERIODS: | | FAX NO: () | |

PLAINTIFF

| | | | |
|----------------------------|--|--------------------|--|
| LAST NAME: | | FIRST NAME: | |
| ADDRESS: | | | |
| SOCIAL SECURITY NO: | | OCCUPATION: | |
| DOB: | | WAGES: | |

EMPLOYER

| | | | |
|----------------------|--|-----------------------|--|
| NAME/DBA: | | CONTACT: | |
| ADDRESS: | | | |
| PHONE: () | | FAX NO: () | |



PLAINTIFF'S ATTORNEY

| | |
|----------------------|-----------------------|
| NAME: | FIRM NAME: |
| ADDRESS: | |
| PHONE: () | FAX NO: () |

CO-DEFENDANT(S)

| | |
|-------------------------------|--------------------------------|
| INSURANCE CARRIER: | ATTORNEY: |
| ADDRESS: | |
| ATTORNEY PHONE: () | ATTORNEY FAX NO: () |

SUGGESTED ISSUES

| | | |
|---|--|--|
| <input type="checkbox"/> PUNITIVE DAMAGES | <input type="checkbox"/> EMPLOYMENT | <input type="checkbox"/> REASONABLE ACCOMIDATION |
| <input type="checkbox"/> EARNINGS | <input type="checkbox"/> FEHA/EEOC CHARGE | <input type="checkbox"/> LABOR COMMISSOR |
| <input type="checkbox"/> BREACH OF CONTRACT | <input type="checkbox"/> UNEMPLOYMENT | <input type="checkbox"/> CLASS ACTION |
| <input type="checkbox"/> JURISDICTION | <input type="checkbox"/> DAMAGES | <input type="checkbox"/> SERIOUS & WILLFUL |
| <input type="checkbox"/> STATUTE | <input type="checkbox"/> HARASSMENT DISABILITY | <input type="checkbox"/> EXTENT OF DAMAGE |
| <input type="checkbox"/> 132a | <input type="checkbox"/> OTHER | |

ACTIONS AUTHORIZED

| | | | |
|--|--|-----------------------------------|----------------------------------|
| <input type="checkbox"/> DEPOSITION | <input type="checkbox"/> INVESTIGATION | <input type="checkbox"/> SUB-ROSA | <input type="checkbox"/> AOE/COE |
| <input type="checkbox"/> MEDICAL EXAMINATION | <input type="checkbox"/> OTHER: | | |

APPEARANCES

| | | | | | |
|------------------------------|------------------------------|-------------------------------|--------------------------------|-------------------------------------|---------------------------------|
| <input type="checkbox"/> MSC | <input type="checkbox"/> PTC | <input type="checkbox"/> EXPH | <input type="checkbox"/> TRIAL | <input type="checkbox"/> DEPOSITION | <input type="checkbox"/> OTHER: |
| Date: | Time: | Location: | Judge: | | |

COMMENTS SECTION

| | |
|----------------|--------------|
| Signed: | Date: |
|----------------|--------------|