D'ANDRE, PETERSON BOBUS & ROSENBERG
A LIMITED LIABILITY PARTNERSHIP

Litigation Transmittal Memorandum

D'Andre, Peterson, Bobus, & Rosenberg, LLP **From: _____**

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File No: Policy No: Policy Period: Accident Date:

Claimant: Claimant's Address: Date of Birth

Employer Employer's Address Soc. Sec. No.

Individual Corporation Co Partnership Joint Venture Other (Explain Below)

Temporary Paid Rate Periods Covered Medical Paid

Permanent Paid Rate Periods Covered Advancements Made Periods Covered

Wage Basis Occupation Permanent Temporary Part-Time Casual Seasonal Other (Explain Below)

Application Date WCAB No Hearing Date Place

Claimant's Attorney Attorney's Address

Suggested Issues:

1. Injury
2. Employment
3. Occupation
4. Coverage
5. Earnings
6. Temporary Disability
7. Permanent Disability
8. Apportionment
9. Past Medical
10. Future Medical
11. Statute of Limitations
12. Jurisdiction
13. Rehabilitation
14. Dependency
15. Other (Explain Below)

DATE 90-DAY PRESUMPTION EXPIRES:

Action Pending
Medical Examination Investigation Deposition Requested Employer Statement Other (Explain Below)

Medical Reports Filed and Served? Yes No IF NO, PLEASE FURNISH ORIGINAL AND TWO COPIES OF ALL REPORTS

Remarks and Instructions:

Carrier Claims Examiner Tel Email Date