

LITIGATION TRANSMITTAL FORM

File No: **Policy No:** **Policy Period:** **Accident Date:**
Claimant: **Date of Birth:** **Soc. Sec. No:**
Claimant's Address:
Employer:
Employer's Address:

TEMPORARY PAID

Rate: **Periods Covered:** **Medical Paid:**

PERMANENT PAID

Rate: **Periods Covered:** **Advancements Made:**

WAGE BASIS

Occupation Permanent Temporary Part-Time Casual Seasonal
 Other:

Application Date: **WCAB No:** **Hearing Date:** **Place:**
Claimant's Attorney:
Attorney's Address:

SUGGESTED ISSUES:

Injury Earnings Past Medical Rehabilitation
 Employment Temporary Disability Future Medical Dependency
 Occupation Permanent Disability Statute of Limitations Coverage
 Apportionment Jurisdiction Other:

Date 90-Day Presumption Expires:



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ACTION PENDING

- Medical Examination Investigation Deposition Required Employer Statement
 Other:

MEDICAL REPORTS FILED & SERVED?

- Yes No If no, please furnish original and two copies of all reports

Carrier:

Claims Examiner:

Remarks & Instructions:

SACRAMENTO

10995 Gold Center Drive, Suite 115
Rancho Cordova, CA 95670
916-364-9390

OAKLAND

1600 Broadway, Ste 300
Oakland, CA 94612
510-853-8580

SAN JOSE

1155 N. First Street, Suite 218
San Jose, CA 95112
408-998-8880

FRESNO

6042 N. Fresno Street, Ste 205
Fresno, CA 93710
559-500-3693

SALINAS

17872 Moro Road
Salinas, CA 93907
831-205-2382

CANOGA PARK

6800 Owensmouth Ave., Suite 150
Canoga Park, CA 91303
818-874-9087

INLAND EMPIRE

268 N. Lincoln Ave., Suite 5
Corona, CA 92882
909-757-6855

CULVER CITY

5601 W. Slauson Ave., Suite 235
Culver City, CA 90230
424-523-8694

ORANGE COUNTY

1600 East 4th Street, Suite 100
Santa Ana, CA 92701
657-212-5375