

WORKERS' COMPENSATION CASE INTAKE FORM

Client _____

Address _____

Phone: (H) _____ (W) _____
Employer _____

Date Retainer Agreement Signed: _____
Address _____

Insurer _____
Address _____

Adjuster _____
Claim No. _____

Managed Care Organization: Yes No

Telephone _____
Policy No. _____

DATE OF INJURY: _____

Date of Prior Workers' Comp Claim _____ Amount of Award \$ _____

Date of Prior Workers' Comp Claim _____ Amount of Award \$ _____

Date Worker's Statement of Deposition Taken _____

Date of Determination Order/Notice of Closure _____ Statute Runs _____

Date of Reconsideration Order _____ Statute Runs _____

Date of Denial Order _____ Statute Runs _____

Aggravation Issues _____ Statute Runs _____

Date of Opinion and Order _____ Statute Runs _____

Date of Board Order Mailing _____ Statute Runs _____

Date Appellate Brief Due _____

Date of scope of acceptance letter _____ Statute Runs _____

Date of Director's Admin. Review Order _____ Statute Runs _____

Date of Medical Services Order _____ Statute Runs _____

Vocational Services Issue _____ Statute Runs _____

WCD

WCB

Date Request for Hearing Filed _____
Hearing Date _____
Date Client Notified _____

Date Request for Hearing Filed _____
Hearing Date _____
Date Client Notified _____

LIEN ITEMS

- Social Security Disability
- Child Support Liens
- Unemployment Benefits
- Welfare Assistance
- Private Health Carrier

REQUESTS FOR RECORDS

Records from treating physician	Date Requested _____	Rec'd _____
Hospital Records	Date Requested _____	Rec'd _____
Other physician records	Date Requested _____	Rec'd _____
Other physician records	Date Requested _____	Rec'd _____
Document demand to employer	Date Requested _____	Rec'd _____
Medical releases obtained	Date Requested _____	Rec'd _____

WITNESSES

	Interviewed	Subpoenaed
Name _____ Address _____ _____ Telephone _____	<input type="radio"/>	<input type="radio"/>
Name _____ Address _____ _____ Telephone _____	<input type="radio"/>	<input type="radio"/>
Name _____ Address _____ _____ Telephone _____	<input type="radio"/>	<input type="radio"/>

Name _____

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Address _____

Telephone _____

Name _____

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Address _____

Telephone _____