

FROM: _____

PLEASE FORWARD NEW FILES TO:

SAN DIEGO OFFICE

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ASSIGNED BY: _____

PHONE NO. _____ DATE: _____

APPLICANT				CLAIM NUMBER	CASE NUMBER	HEARING DATE
INSURED				INJURY DATE	TYPE OF INJURY	DEC. OF READINESS RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> NO
POLICY NUMBER	POLICY TERM - FROM	TO	CORP PART INDIV. OTHER	CROSS REFERENCE FILES - CLAIM NUMBERS		CASE NUMBERS
TD \$	PAID	RATE PER WEEK \$	NO. WEEKS	FROM	TO	DATE RETURNED TO WORK
PD \$	PAID	RATE PER WEEK \$	NO. WEEKS	FROM	TO	PD ADVANCED
MED \$	PAID	AS OF (DATE) \$	SUBROGATION <input type="checkbox"/> YES <input type="checkbox"/> NO	COURT CASE NUMBER	LOCATION OF COURT	AVERAGE WEEKLY WAGE
						TD OVERPAID
						STILL ADVANCING <input type="checkbox"/> YES <input type="checkbox"/> NO

SUGGESTED ISSUES

- 1. COVERAGE _____
- 2. AOE/COE _____
- 3. PART OF BODY _____
- 4. EMPLOYMENT _____
- 5. EARNINGS _____
- 6. TD _____
- 7. PD _____
- 8. MEDICAL TREATMENT _____
- 9. OCCUPATION _____
- 10. AGE _____
- 11. DEPENDENCY _____
- 12. LACK OF NOTICE _____
- 13. STATUTE OF LIMITATIONS _____
- 14. APPORTIONMENT _____
- 15. REHABILITATION _____
- 16. SELF-PROCURED MED. _____
- 17. JURISDICTION _____

ACTION TO BE TAKEN

- | | ATTY. | TECH. |
|--|--------------------------|--------------------------|
| 1. TAKE OFF CALENDAR _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. NEED MEDICAL EXAMINATION _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. REQUEST CLAIMANT'S/CO-DEFENDANT'S MEDICAL _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. CHECK RECORDS (WCAB, UCD, 3rd PARTY, PRIOR CARRIER, EMP., V.A., SOC. SEC., CO-DEF., DR., HOSP.) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. OBTAIN DOCUMENTS (DMV, MARRIAGE, DIVORCE, BIRTH, DEATH, CORONER) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. JOIN OTHER PARTIES _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. VERIFY EARNINGS/EMPLOYMENT _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. VERIFY COVERAGE _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. OBTAIN CLAIMANTS STATEMENT/DEPO. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. OBTAIN WAGE STATEMENT _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. CONTACT WITNESS _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. SURVEILLANCE _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. SUBPOENA _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. FILE REHAB RB 1 _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. FILE DECLARATION OF READINESS _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. OBTAIN JOB ANALYSIS _____ | <input type="checkbox"/> | <input type="checkbox"/> |

C & R AUTHORITY \$	FROM	\$	TO	STIPULATION RANGE \$	FROM	\$	TO
RATINGS	DEFENDANTS			RATINGS	DEFENDANTS		
	APPLICANTS				APPLICANTS		

PROVIDE BRIEF CASE ANALYSIS - LITIGATION PLAN - DISPOSITION ALTERNATIVES
