LITIGATION TRANSMITTAL FORM

LAW OFFICES OF
PAUL RODRIGUEZ LAW GROUP A.P.C.

Client Information

_____
Adjuster

_____
Company

(___) _____ (___) _____
Phone Fax

_____
E-Mail

_____
Attorney Assignment

Issues

- ☐ Employment
- ☐ Liens
- ☐ Occupation
- ☐ Injury
- ☐ Earnings
- ☐ Medical-Legal Costs
- ☐ Liability for Self-Procured
- ☐ Liability for Future Medical
- ☐ Apportionment
- ☐ Dependency
- ☐ Periods of Disability
- ☐ Permanent Disability
- ☐ Insurance Coverage
- ☐ Liability Defense
- ☐ Subrogation
- ☐ Other_____

Case Information

_____ Applicant
_____ Date of Injury
_____ Social Security Number

_____ Employer
_____ Claim Number
_____ WCAB Number

_____ Third-Party Administrator
_____ Policy Period
_____ Part(s) of Body Injured

Applicant Counsel

_____
Attorney/Law Firm

_____
Address

_____ (___) _____
City, State Zip Code Phone

Benefits Paid

$_____ Total Medical

$_____ Total TD
Dates _____
Rate _____
AWW _____

$_____ Total PD
Dates _____
Rate _____

Rehab Benefits Provided ○ Yes ○ No

$_____ Total VRMA
Dates _____
Rate _____

Appearance/Scheduled Events

_____ Application Filed Date
_____ DOR Filed Date

_____ Hearing Date
_____ Type of Hearing

_____
Name of AME/QME

_____
Examination Date/Time

REMARKS/SPECIAL HANDLING:_____

_____

_____

_____

_____

Print Form

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