FILE TRANSMITTAL/REFERRAL
CONFIDENTIAL -ATTORNEY CLIENT PRIVILEGE

WITZIG, HANNAH, SANDERS & REAGAN, LLP

ATTORNEYS AT LAW

DATE FILE REFERRED: _____ **FILE TO:** _____

PLEASE SEND MATERIALS TO SANTA CRUZ OFFICE:
600 OCEAN STREET
SANTA CRUZ, CA 95060

210 NORTH FOURTH STREET, SUITE 201
SAN JOSE, CA 95112

PHONE 831-425-2835
OR 408-280-5600
FACSIMILE 831-425-2839

CLAIMS EXAMINER/COMPANY INFORMATION

Claims Examiner: _____ Direct Phone: _____
Company: _____ Fax: _____
Address: _____ Claim No(s): _____
_____ _____

Claims Examiner Remarks/Special Instructions:_____
_____
_____

CLAIMANT/APPLICANT ADDRESS

Applicant Attorney: _____
_____
_____
_____

EMPLOYER ADDRESS

Employer Contact: _____
_____
_____

Copy Contact with correspondence? Yes ☐ **No** ☐

APPLICANT/CASE INFORMATION

Date of Birth: _____ Date of Hire: _____ Still Employed? _____

Job Title : _____ Average weekly wage: _____

Date of Injury: _____ Date of Claim Form: _____ Decision Date _____

Has case been activated? _____ Hearing date? _____ Time: _____

Hearing Location: _____

Other appearance scheduled? _____ Type:_____ Date:_____ Time: _____

Appearance Location: _____

ISSUES

- ☐ Injury
- ☐ Employment
- ☐ Occupation
- ☐ Coverage
- ☐ Earnings
- ☐ Temporary Disability
- ☐ Permanent Disability
- ☐ Vocation Rehabilitation
- ☐ Past Medical
- ☐ Future Medical
- ☐ Statute of Limitations
- ☐ Lien
- ☐ Dependency
- ☐ Costs
- ☐ Penalty
- ☐ 132a/S&W

BENEFIT INFORMATION

Total TD Paid: _____
Weekly Rate: _____
Dates Paid: _____
Total PD Paid: _____
Weekly Rate: _____
Dates Paid: _____
Total Medical Paid: _____