



**WITZIG, HANNAH,  
SANDERS & REAGAN, LLP**

ATTORNEYS AT LAW  
*Est. 1997*

**CONFIDENTIAL FILE REFERRAL  
ATTORNEY/CLIENT PRIVILEGE**

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DATE OF REFERRAL: \_\_\_\_\_

**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: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Hire: \_\_\_\_\_ Still Employed? \_\_\_\_\_ Date of Term: \_\_\_\_\_  
Job Title : \_\_\_\_\_ Average Weekly Wage: \_\_\_\_\_  
Date (s) of Injury: \_\_\_\_\_ Date of Claim Form: \_\_\_\_\_ Decision Date: \_\_\_\_\_  
Body Part(s): \_\_\_\_\_  
Hearing Date: \_\_\_\_\_ Type: \_\_\_\_\_ Time: \_\_\_\_\_ Venue: \_\_\_\_\_  
Other Appearance Date: \_\_\_\_\_ Type: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

**ISSUES**

Injury AOE/COE	Past Medical
Employment	Future Medical
Occupation	Statute of Limitations
Coverage	Lien
Earnings	Dependency
Temporary Disability	Venue
Permanent Disability	Penalty
S&W	132a

**BENEFIT INFORMATION**

Total TD Paid: \_\_\_\_\_  
Weekly Rate: \_\_\_\_\_  
Dates Paid: \_\_\_\_\_  
Total PD Paid: \_\_\_\_\_  
Weekly Rate: \_\_\_\_\_  
Dates Paid: \_\_\_\_\_  
Total Medical Paid: \_\_\_\_\_