



Law Offices of

# Bradford & Barthel, LLP

## SUBPOENA CLEARINGHOUSE REFERRAL

222 S. Harbor Blvd  
Suite 1000  
Anaheim, CA 92805  
(714) 526-9120  
(714) 526-9130 (fax)

1330 Broadway  
Suite 1201  
Oakland, CA 94612  
(510) 268-0061  
(510) 268-0398 (fax)

2518 River Plaza Dr  
Sacramento, CA 95833  
(916) 569-0790  
(916) 569-0799 (fax)

2841 Junction Ave  
Suite 114  
San Jose, CA 95134  
(408) 392-8202  
(408) 392-0903 (fax)

1001 Partridge Drive  
Suite 120  
Ventura, CA 93003  
(805) 677-4808  
(805) 677-4807 (fax)

155 E. Shaw Ave  
Suite 200  
Fresno, CA 93710  
(559) 442-3602  
(559) 485-6071 (fax)

3270 Inland Empire Blvd  
Suite 200  
Ontario, CA 91764  
(909) 476-0552  
(909) 476-0554 (fax)

PMB #338  
1172 S. Main St.  
Salinas, CA 93901  
(831) 758-8619

100 Stony Point Rd  
Suite 225  
Santa Rosa, CA 95401  
(707) 571-7415  
(707) 571-7443 (fax)

5757 W. Century Blvd  
Suite 660  
Los Angeles, CA 90045  
(310) 981-5004  
(310) 348-9195 (fax)

1805 Hilltop Dr  
Suite 106  
Redding, CA 96002  
(530) 242-6909  
(530) 242-6988 (fax)

8885 Rio San Diego Dr  
Suite 360  
San Diego, CA 92108  
(619) 641-7942  
(619) 641-7946 (fax)

18801 Ventura Blvd  
Suite 200  
Tarzana, CA 91356  
(818) 654-0411  
(818) 654-0412 (fax)

**NEVADA:**  
1180 N. Town Center Drive  
Suite 100  
Las Vegas, NV 89144  
(702) 945-2823

<b>Claim No:</b>	<b>Date of Injury:</b>	<b>WCAB Case No:</b>
<b>Claimant:</b>		<b>Employer:</b>
<b>D.O.B.:</b>	<b>Name of Employer Contact:</b>	
<b>SSN:</b>	<b>Employer E-mail/Phone Number:</b>	
	<b>Employer Address:</b>	
<b>Date of Subpoena:</b>	<b>Name of Subpoena Company:</b>	
<b>Date Subpoena must be complied by:</b>		
<b>Applicant's Date of Hire:</b>	<b>Applicant's Date of Termination:</b>	
<b>Applicant's Date of Termination:</b>	<b>Denied or Admitted Injury:</b>	
<b>Returned documents Attn to:</b>	<b>Return documents via:</b>	
	<input type="checkbox"/> E-mail	<input type="checkbox"/> Regular
	<input type="checkbox"/> Certified	<input type="checkbox"/> Personal and Confidential

**Carrier Name:** \_\_\_\_\_ **Administering for:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Suite #** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Adjuster Name:** \_\_\_\_\_ **Phone No. & Ext.** \_\_\_\_\_

**Adjuster Email:** \_\_\_\_\_