



Law Offices of
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LARGE LOSS REFERRAL
(CATASTROPHIC INJURIES / CASES INVOLVING OUT-OF-PROPORTION LITIGATION)

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Claim No.		Date of Injury:		WCAB Case No:	
Claimant:			Claimant Address:		
D.O.B.:			SSN:		
Employer:			Employer Address:		
Applicant's Attorney & Phone:					
Suggested Issues:					
<input type="checkbox"/> Injury AOE/COE	<input type="checkbox"/> Occupation	<input type="checkbox"/> Apportionment	<input type="checkbox"/> Jurisdiction		
<input type="checkbox"/> Nature/Extent of Injury	<input type="checkbox"/> Earnings	<input type="checkbox"/> Past Medical	<input type="checkbox"/> Dependency		
<input type="checkbox"/> Body Parts	<input type="checkbox"/> TD	<input type="checkbox"/> Future Medical	<input type="checkbox"/> Other:		
<input type="checkbox"/> Employment	<input type="checkbox"/> PD	<input type="checkbox"/> Statute of Limitations			
Medical Evaluation:	Please Set		Already Scheduled w/Dr. on		
<input type="checkbox"/> MSC	<input type="checkbox"/> STATUS CONF.	<input type="checkbox"/> LIEN CONF.	<input type="checkbox"/> TRIAL	<input type="checkbox"/> DEPO	<input type="checkbox"/> OTHER:
Date:		Time:		Location:	
				Judge:	
Case Profile/Concerns:					
Carrier Name:			Administering for:		
Address:			Suite #:		
City:		State:		Zip Code:	
Adjuster Name:			Phone No. & Ext.		