



Law Offices of
Bradford & Barthel, LLP

LEGAL REFERRAL FORM

222 S. Harbor Blvd
 Suite 950
 Anaheim, CA 92805
 (714) 526-9120
 (714) 526-9130 (fax)

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

2701 Old Eureka Way, Suite 2f
 Redding, CA 96001
 (530) 242-6909
 (530) 242-6988 (fax)

7801 Mission Center Court
 Suite 250
 San Diego, CA 92108
 (619) 641-7942
 (619) 641-7946 (fax)

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

2005 Eye St.
 Suite 6
 Bakersfield, CA 93301
 (661) 347-4500
 (661) 268-4667 (fax)

2300 Clayton Rd
 Suite 100
 Concord, CA 94520
 (510) 268-0061
 (510) 268-0398 (fax)

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

1737 N. 1st St.
 Suite 200
 San Jose, CA 95112
 (408) 392-8202
 (408) 392-0903 (fax)

21650 Oxnard St.
 Suite 1950
 Woodland Hills, CA 91367
 (818) 654-0411
 (818) 654-0412 (fax)

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

3270 Inland Empire Blvd
 Suite 100
 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)

NEVADA:
 8275 S. Eastern Ave.
 Suite 200-278
 Las Vegas, NV 89123
 (775) 453-7978

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	<input type="checkbox"/> Earning	<input type="checkbox"/> Past Medical	<input type="checkbox"/> Dependency		
<input type="checkbox"/> Employment	<input type="checkbox"/> TD _____	<input type="checkbox"/> Future Medical	<input type="checkbox"/> Rehabilitation		
<input type="checkbox"/> Occupation	<input type="checkbox"/> PD _____	<input type="checkbox"/> Statute of Limitations	<input type="checkbox"/> Lien Resolution		
<input type="checkbox"/> Coverage	<input type="checkbox"/> Apportionment	<input type="checkbox"/> Jurisdiction	<input type="checkbox"/> Other:		
Medical Evaluation:					
		<input type="checkbox"/> Please Set	<input type="checkbox"/> Already Scheduled w/Dr.	on	
<input type="checkbox"/> MSC <input type="checkbox"/> PTC <input type="checkbox"/> LIEN CONF. <input type="checkbox"/> TRIAL <input type="checkbox"/> DEPO <input type="checkbox"/> OTHER:					
Date:		Time:		Location:	
				Judge:	
Remarks/Suggestions:					
Carrier Name:				Administering for:	
Address:				Suite #:	
City:		State:		Zip Code:	
Adjuster Name:				Phone No. & Ext.	