



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)

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

1310 Continental St.  
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)

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

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

|                                           |  |                        |  |                                        |                                                                                                                                                           |
|-------------------------------------------|--|------------------------|--|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Claim No.</b>                          |  | <b>Date of Injury:</b> |  | <b>WCAB Case No:</b>                   |                                                                                                                                                           |
| <b>Claimant:</b>                          |  |                        |  | <b>Claimant Address:</b>               |                                                                                                                                                           |
| <b>D.O.B.:</b>                            |  |                        |  | <b>SSN:</b>                            |                                                                                                                                                           |
| <b>Employer:</b>                          |  |                        |  | <b>Employer E-mail / Phone Number:</b> |                                                                                                                                                           |
| <b>Name of Employer Contact:</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>Denied or Admitted Injury:</b>      |                                                                                                                                                           |
| <b>Returned documents Attn to:</b>        |  |                        |  | <b>Returned documents via:</b>         | <input type="checkbox"/> E-mail <input type="checkbox"/> Regular<br><input type="checkbox"/> Certified <input type="checkbox"/> Personal and Confidential |
| <b>Carrier Name:</b>                      |  |                        |  | <b>Administering for:</b>              |                                                                                                                                                           |
| <b>Address:</b>                           |  |                        |  | <b>Suite #:</b>                        |                                                                                                                                                           |
| <b>City:</b>                              |  | <b>State:</b>          |  | <b>Zip Code:</b>                       |                                                                                                                                                           |
| <b>Adjuster Name:</b>                     |  |                        |  | <b>Phone No. &amp; Ext.</b>            |                                                                                                                                                           |
| <b>Adjuster Email</b>                     |  |                        |  |                                        |                                                                                                                                                           |