



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 870  
 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)

2020 Eye St.  
 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)

<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 Address:</b>	
<b>Applicant's Attorney &amp; Phone:</b>					
<b>Suggested Issues:</b>					
<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:		
<b>Medical Evaluation:</b>					
		<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:					
<b>Date:</b>		<b>Time:</b>		<b>Location:</b>	
<b>Remarks/Suggestions:</b>					
<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>	