LAW OFFICES OF ROBERT WHEATLEY
14661 Franklin Ave. Suite 100
Tustin, California 92780-7200
(714) 665-4800 (714) 665-0033 Fax

LITIGATION TRANSMITTAL SHEET

Date:

Administrator:_____ Examiner:

Employer/Insurance Co.:_____ Claim No.:

Claimant:_____ D/I:_____ WCAB:

Address:_____ Coverage:_____ to

_____ Date of Hire:

Last Day Worked:

Represented by:

Address:

Total Temporary Disability Paid: $_____ Dates Covered: _____ to _____ Date Returned To Work: _____ to _____

Weekly Rate: $_____ Wage Basis: $

Total P.D. Advances Paid: $_____ Dates & Sums:

Total Medical Paid: $

Medical Reports Filed: Yes__ No__ (If not filed with WCAB, please furnish original and 2 copies)

Hearing Date:_____ Time:_____ Place:_____ Judge:

Medical Exam Set Up: Yes__ No__ Date:_____ Doctor:

Suggested Issues: (Please check)

___ Employment
___ Occupation
___ Injury
___ Permanent Disability
___ Temporary Disability
___ Apportionment
___ Future Medical Care
___ Self-Procured Medical Care
___ Medical/Legal Costs
___ Earnings
___ Insurance Coverage
___ Statute of Limitations
___ Jurisdiction
___ Dependency
___ Rehabilitation
___ Subrogation

Medical - Legal Costs Paid to Date:

Comments or Recommendations: