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MORSE, GIESLER, CALLISTER & KARLIN, LLP
LITIGATION REFERRAL

Carrier _____ Adjuster/Examiner _____

Applicant _____ Date of Birth _____ SSN _____

Address _____

Claim Number _____ Date of Injury _____ WCAB Number _____

Employer _____ Occupation _____ Earnings _____

Address _____

Hearing Date _____ Admitted? _____ Delay Date _____ Denial Due Date _____

T.D. Paid _____ from _____ to _____ Total _____ Rate _____ Continuing? _____

P.D. Paid _____, from _____ to _____ Total _____ Rate _____ Continuing? _____

ISSUES

- Coverage Employment Occupation Earnings/Wages Medical Treatment/Self-Procured Injury AOE/COE
- Temporary Disability Permanent Disability Apportionment Nature & Extent Body Parts Future Medical Treatment
- Dependency Vocational Rehabilitation Lien Claims Statute of Limitations Jurisdiction Subrogation
- Other _____

ACTION AUTHORIZED

- Set Deposition Subpoena records Set medical Protect subrogation interests Interview witnesses
- Object to liens of _____ Petition for _____ Other _____

CLAIMS WORK IN PROGRESS

- Subrosa Personnel records requested Job description solicited SDT of _____ Medical exam set

REMARKS

