

Litigation Transmittal Form

Client Information

Company

Your Name

Email

Phone

FAX

Assign To

Please indicate specific attorney; if no specific attorney, please indicate "Fresno Office" or "Bakersfield Office".

Case Information

Applicant/Plaintiff

Employer/Insured

Third-Party Administrator

Claim Number

WCAB Number

Date of Injury

Hearing

DOR Filed

Yes No

Hearing Set

Yes No

Venue Issue

Yes No

Date of Hearing

Medical

Medical Exam Set

Yes No

Medical Exam Date

Remarks

Date

Fresno

7112 N. Fresno Street • Suite 300
Fresno, California 93720
559.449.2558 *ph* • 559.449.2564 *fax*

Bakersfield

1800 30th Street • Suite 340
Bakersfield, California 93301
661.328.2200 *ph* • 661.328.0022 *fax*