

LITIGATION REFERRAL

Examiner Name _____

Examiner Phone _____ Email _____

Company Name _____

Company Address _____

CASE TYPE _____

WORKER'S COMPENSATION	IS THIS CASE ON CALENDAR FOR HEARING OR DEPOSITION?	YES	NO
SUBROGATION	CASE NUMBER	_____	_____
CIVIL	DATE TIME	_____	_____
OTHER _____	LOCATION	_____	_____
	COURT	_____	_____

CLAIMANT _____

Claimant _____ Claimant Number _____

Claimant Address _____

Date of Injury _____ Employer _____

Attorney for Claimant _____

Attorney for Claimant Address _____

