

Law Offices of  
**HALLETT, McCORMICK, EMERICK,  
BARBA & WELLS**  
Professional Law Corporation

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## Transmittal Form For Compensation Litigation

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WCAB. NO.(s) \_\_\_\_\_ NAME OF EMPLOYER \_\_\_\_\_  
CLAIM NO.(s) \_\_\_\_\_ NAME OF INSURANCE COMPANY \_\_\_\_\_  
DATE(S) OF INJURY \_\_\_\_\_ POLICY PERIOD \_\_\_\_\_  
CLAIMANT'S NAME \_\_\_\_\_ TEMPORARY DISABILITY PAID \_\_\_\_\_  
APPLICANT'S ATTORNEY'S NAME, ADDRESS, PHONE # a. Total Paid \_\_\_\_\_  
\_\_\_\_\_ b. Weekly Rate \_\_\_\_\_  
\_\_\_\_\_ c. Periods Covered \_\_\_\_\_  
\_\_\_\_\_ PERMANENT DISABILITY ADVANCED \_\_\_\_\_

### PREPARATION FOR HEARING

DATE RECEIVED CLAIM FORM \_\_\_\_\_  
DATE DELAY LETTER \_\_\_\_\_  
DATE DENIAL LETTER \_\_\_\_\_  
DATE APPLICATION REC'D \_\_\_\_\_  
DATE FILE SENT \_\_\_\_\_  
DECLARATION OF READINESS FILED? \_\_\_\_\_  
DATE HEARING SET \_\_\_\_\_  
DEPO AUTHORIZATION? \_\_\_\_\_

### SUGGESTED ISSUES

(Circle number and reason below)

1. Disability
  - a. Temporary
  - b. Permanent
  - c. Apportionment
2. Medical Treatment
  - a. Liability for past
  - b. Need for further
3. Injury AOE and COE
4. Statute of Limitations
5. Average Earnings
6. Occupation
7. Coverage for employer or this employee
8. Employment or employer identity disputed
9. Vocational Rehabilitation
10. Other \_\_\_\_\_

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME AND ADDRESS OF CLAIMS EXAMINER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_  
\_\_\_\_\_

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