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- ❑ Three Pointe Drive, Suite 200, Brea, California 92821
(714) 665-1280 Main (714) 665-1287 Facsimile E-mail: brea@gmklaw.com

CLIENT

NAME:	**DATE OF INJURY:**	
CLAIM NUMBER:	**WCAB CASE NO. (S):**	
ADDRESS:		
EXAMINER:	**PHONE: ( )**	**EXT:**
COVERAGE PERIODS:	**FAX NO: ( )**	

APPLICANT

LAST NAME:	**FIRST NAME:**
ADDRESS:	
SOCIAL SECURITY NO:	**OCCUPATION:**
DOB:	**WAGES:**

BENEFITS

TTD PAID:	**PD ADVANCES:**
PERIODS COVERED:	**PERIODS COVERED:**
RATE:	**RATE:**
VRMA PD:	
PERIODS COVERED:	
RATE:	

Goldman Magdalin Krikes LLP

EMPLOYER

NAME/DBA:	CONTACT:
ADDRESS:	
PHONE: ( )	FAX NO: ( )

APPLICANT'S ATTORNEY

NAME:	FIRM NAME:
ADDRESS:	
PHONE: ( )	FAX NO: ( )

CO-DEFENDANT(S)

INSURANCE CARRIER:	ATTORNEY:
ADDRESS:	
ATTORNEY PHONE: ( )	ATTORNEY FAX NO: ( )

SUGGESTED ISSUES

❑ INJURY AOE/COE	❑ EMPLOYMENT	❑ OCCUPATION	❑ COVERAGE
❑ EARNINGS	❑ APPORTIONMENT	❑ TD	❑ PD
❑ DEPENDENCY	❑ CAUSE OF DEATH	❑ PAST MEDICAL	❑ FUTURE MEDICAL
❑ JURISDICTION	❑ REHAB	❑ SERIOUS & WILLFUL	❑ 132a
❑ STATUTE	❑ LIENS	❑ SUBROGATION	❑ DISABILITY RET.
❑ OTHER:			

ACTIONS AUTHORIZED

❑ DEPOSITION	❑ INVESTIGATION	❑ SUB-ROSA	❑ AOE/COE
❑ MEDICAL EXAMINATION	❑ OTHER:		

APPEARANCES

❑ MSC ❑ PTC ❑ EXPH ❑ TRIAL ❑ DEPOSITION ❑ OTHER:

Date: Time: Location: Judge:

COMMENTS SECTION

Signed: Date:

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