PARKER KERN & NARD WENZEL

Litigation Transmittal Form

www.pknwlaw.com

Client Information

Company

Your Name

Phone

FAX

E-Mail

Assign To *Please indicate specific attorney; if no specific attorney, please indicate "Fresno office", "Riverside office" or "Bakersfield office"*

Case Information

Applicant/Plaintiff

Employer/Insured

Third-Party Administrator

Claim No.

Policy Term

WCAB No.

Date of Injury

Parts of Body injured

DOR/Application Filed ☐ Yes ☐ No

Hearing set ☐ Yes ☐ No

Date of Hearing

Medical Exam set ☐ Yes ☐ No

Remarks

Issues

- ☐ Employment
- ☐ Liability Defense
- ☐ Medical-Legal Costs
- ☐ Insurance Coverage
- ☐ Liens
- ☐ Permanent Disability
- ☐ Occupation
- ☐ Other
- ☐ Earnings
- ☐ Dependency
- ☐ Subrogation
- ☐ Apportionment
- ☐ Injury
- ☐ Liability for Future Medical
- ☐ Liability for Self-Procured

BENEFITS PAID

$ Total Medical

$ Total TD — Dates / Rate / AWW

$ Total PD — Dates / Rate

Rehab Benefits? ☐ Yes ☐ No

$ Total VRMA — Dates / Rate

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