



LITIGATION REFERRAL

DATE:

TPA / CARRIER:

CONTACT:

PHONE:

FAX:

EMAIL:

CLAIM #:

EMPLOYER:

INJURED WORKER:

APPLICANT ATTORNEY:

VENUE:

DOI (IF MULTIPLE - LIST ALL)

ADJ (IF MULTIPLE – LIST ALL)

HEARING ON CALENDAR?

ACCEPTED OR DENIED?

MPN:

CO-DEFENDANT?

SUBROGATION?

132a?

S&W?

INSTRUCTIONS: (For hearings that are within 48 hours or for urgent matters, please call 949-435-4260 and ask for the office manager)