

LITIGATION ASSIGNMENT SHEET

MENTZ
FINN &
McDOWELL

A PROFESSIONAL CORPORATION
ATTORNEYS AT LAW
3150 ALMADEN EXPRESSWAY SUITE 200

(408) 979-8460
FAX (408) 979-8467

SAN JOSE, CALIFORNIA 95118-1250

Client \_\_\_\_\_ Client File No. \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Date of Denial, if any \_\_\_\_\_

Applicant \_\_\_\_\_ WCAB No. \_\_\_\_\_ D/A \_\_\_\_\_

Employer \_\_\_\_\_ Dates of Coverage \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Wage Basis \_\_\_\_\_ per \_\_\_\_\_ TD Rate \_\_\_\_\_ Total TD Paid \_\_\_\_\_

TD paid From \_\_\_\_\_ thru \_\_\_\_\_ Overpayment? \_\_\_\_\_

PD Advances From \_\_\_\_\_ thru \_\_\_\_\_ Rate \_\_\_\_\_ Total PD Paid \_\_\_\_\_

Total Medical Paid \_\_\_\_\_ Have Medical Records been Subpoenaed? \_\_\_\_\_

VRMA Paid From \_\_\_\_\_ thru \_\_\_\_\_ Rate \_\_\_\_\_ Total VRMA Paid \_\_\_\_\_

SUGGESTED ISSUES

- STATUTE OF LIMITATIONS
INS. COVERAGE
EMPLOYMENT
OCCUPATION
INJURY (AOE/COE)
INJURY (PARTS OF BODY)
OTHER
TEMPORARY DISABILITY
PERMANENT DISABILITY
APPORTIONMENT
EARNINGS
SELF-PROCURED MED.
FUTURE MEDICAL
SELF-INFLICTED/INTOX.
DEPENDENCY
SUBROGATION
CREDIT
REHABILITATION

HAS A DECLARATION OF READINESS APPLICATION BEEN FILED? \_\_\_\_\_ DATE \_\_\_\_\_
SET FOR HEARING/CONFERENCE/DEPOSITION ON \_\_\_\_\_ at \_\_\_\_\_ M. in \_\_\_\_\_

All Medical Reports are enclosed (original and two)? Yes \_\_\_\_\_ No \_\_\_\_\_

Medical Appointment arranged with Dr. \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_ M

Do you wish us to pursue subrogation? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you wish us to set a deposition? Yes \_\_\_\_\_ No \_\_\_\_\_

Liens on File? \_\_\_\_\_

Remarks: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Examiner: \_\_\_\_\_ Date \_\_\_\_\_