WORKER'S COMPENSATION CASES

Please print out this form, fill it out to the best of your ability and knowledge, and bring it and any additional documents to your initial meeting. Coming to your initial meeting with as much of this information as possible speeds your case, saving time and therefore money. However, if you do not have some of the information, there is time as the case continues to obtain and provide it. If you do not know the answer to one of the questions, leave it blank and we can help you with the form.

NAME: _____

ADDRESS: _____

CITY: _____STATE: _____ ZIP: _____

PHONE: _____ PHONE: _____

EMAIL: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE NUMBER: _____ STATE OF ISSUANCE: _____

OPPOSING SIDE NAME: _____

2. Provide names and addresses of persons known to be witnesses concerning the facts of the case. Please indicate whether or not a written or recorded statement has been taken from the witnesses and who has possession of such statements. *Attach a separate sheet if there are more than 4 witnesses.*

Name:_____

Address: _____

City: _____ State: _____ Zip: _____

Has a written or recorded statement been taken from this witness? Yes or No

If “yes”, where is this statement? Provide name and address if known.

_____

_____

Name:_____

Address: _____

City: _____ State: _____ Zip: _____

Has a written or recorded statement been taken from this witness? Yes or No

Name:_____

Address: _____

City: _____ State: _____ Zip: _____

Has a written or recorded statement been taken from this witness? Yes or No

If “yes”, where is this statement? Provide name and address if known.

_____

_____

Name:_____

Address: _____

City: _____ State: _____ Zip: _____

Has a written or recorded statement been taken from this witness? Yes or No

- *Provide a copy of the statements if in your possession.*

- *Provide any photographs, plats, sketches, or other prepared documents in your possession (Examples: Police report, photographs of vehicles or scene of accident, any damages).*

3. Provide names and addresses of insurance companies that have liability insurance coverage relating to the claim, policy numbers, and amount(s) of coverage.

Name:_____

Address: _____

City: _____ State: _____ Zip: _____

Policy Number_____

Amount of Coverage: _____

Name:_____

Address: _____

City: _____ State: _____ Zip: _____

Policy Number: _____

Amount of Coverage: _____

4. If terminated, give detail of each reason you were given for termination.

5. List prior work experience for last three years (position, title, addresses, phone numbers, supervisors' names): _____

_____

_____

_____

_____

_____

_____

6. Provide all written complains, evaluations and promotions relating to your job. If in your possession, provide all employee handbooks, manuals, policies or documents given at employment.

7. Names and addresses of all physicians who have treated the party and all hospitals and emergency medical service providers. Attach a separate sheet if necessary.

Name:_____

Address: _____

City: _____ State: _____ Zip: _____

Name:_____

Address: _____

City: _____ State: _____ Zip: _____

Name:_____

Address: _____

City: _____ State: _____ Zip: _____

Name:_____

Address: _____

City: _____ State: _____ Zip: _____

Provide medical records, MRS's, X-Rays, rehabilitation plan and bills. **(NOTE; IF WE AT SHELBOURNE LAW REQUEST MEDICAL RECORDS, THIS IS EXPENSIVE AND WE HAVE TO PASS THE COST ON TO YOU. BUT IF YOU REQUEST THE MEDICAL RECORDS, THEY ARE NORMALLY FREE. MOST DOCTORS HAVE PATIENT ACCESS TO MEDICAL RECORDS ONLINE).