



Luna, Levering & Holmes

Attorneys at Law

WORKERS' COMPENSATION DEFENSE FIRM

www.llhwclaw.com

LITIGATION REFERRAL

Date _____

I am referring this file to

Darcy Luna

Taylor Shilts

Arthur Shwachman

Sandra Crawford

Charoletta Ransom

No Preference

Full file referral

Walkthrough only**

Case Information

Applicant _____ Employer _____

Adjuster _____

Insurance Company _____

Third Party Administrator _____

Applicant's Attorney _____

Date(s) of Injury _____

Claim Number(s) _____

WCAB Case Number(s) _____

Venue _____

Body Part(s) _____

Applicant's Information

Date of Birth _____ Social Security Number _____

Occupation _____ Average Weekly Wages _____

Issues

Do not complete if referral is for walkthrough only.

Employment	Occupation	Injury AOE/COE	Insurance Coverage
Permanent Disability	Temporary Disability	Future Medical Treatment	Earnings
Self-Procured Treatment	UR/IMR	Apportionment	Jurisdiction
Statute of Limitations	DFEC/Dahl	Dependency	Liens
S&W Misconduct	132a	Fraud	

Pertinent Information

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Is there a decision date? Yes No

If yes, please list the decision date(s) and date(s) of injury _____

Is there an AME/QME? Yes No

If yes, please list the name(s) of doctor(s) _____

If yes, please list the evaluations scheduled (if applicable) _____

Are there any Hearings on calendar? Yes No

If yes, please list the Hearing information _____

Are there any Depositions scheduled? Yes No

If yes, please list the Deposition information _____

If no, would you like us to schedule applicant's Deposition? Yes No

Additional Information

If there is any additional information you would like to include, please provide below. Also, if there is any immediate action you would like us to take, please indicate below.

** If referral is for walkthrough purposes only, please see the walkthrough checklist for documents to include with the referral.