



101 MOODY COURT, SUITE 200  
THOUSAND OAKS, CA 91360  
Ph: (818) 206-9222 • Fx: (818) 206-9223  
www.FLOYDSKERENLAW.com

**LITIGATION REFERRAL**

DATE \_\_\_\_\_

FROM \_\_\_\_\_ Phone \_\_\_\_\_

EMAIL \_\_\_\_\_ DEPO AUTHORIZED:  YES  NO

Applicant \_\_\_\_\_ Date of Injury \_\_\_\_\_

Age \_\_\_\_\_ Occupation \_\_\_\_\_ Earnings \$ \_\_\_\_\_ **DATE OF HEARING** \_\_\_\_\_

Insured \_\_\_\_\_ Self Insured \_\_\_\_\_

Ins. Carrier \_\_\_\_\_ Liquidated Carrier \_\_\_\_\_

TPA \_\_\_\_\_ Type of Injury/Parts of Body \_\_\_\_\_

Admitted Injury \_\_\_\_\_ If No, Date Denied \_\_\_\_\_

Date Delayed \_\_\_\_\_ Dates of Coverage \_\_\_\_\_ Total Medical Paid \$ \_\_\_\_\_

WCAB No. \_\_\_\_\_ Claim No. \_\_\_\_\_

TD Paid \$ \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Weekly Rate \$ \_\_\_\_\_ Liens \$ \_\_\_\_\_

PD Paid \$ \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Weekly Rate \$ \_\_\_\_\_ Liens \$ \_\_\_\_\_

**SUGGESTED ISSUES:** (check )

- Employment
- Occupation
- Injury
- Insurance Coverage
- Permanent Disability
- Temporary Disability
- Further Medical Care
- Self-Procured Medical Care
- Vocational Rehabilitation
- Earnings
- Dependency
- Statute of Limitations
- Apportionment
- Jurisdiction
- Subrogation

**INVESTIGATION IN PROGRESS:**

- Medical Records Being Obtained
- Employment Records Being Obtained
- Job Description Solicited
- Sub Rosa Investigation Ordered
- Medical Examination with  
Dr. \_\_\_\_\_ set for  
\_\_\_\_\_ (date)
- Records Subpoenaed
- (Pending Receipt)

**OTHER:**

\_\_\_\_\_  
\_\_\_\_\_

**REMARKS** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_