

**GODFREY GODFREY & LAMB, LLP**  
**2119 W. ORANGEWOOD AVENUE**  
**ORANGE, CALIFORNIA 92868**  
**PHONE: 714-935-0444 FAX: 714-935-9944**  
[www.godfrey-law.com](http://www.godfrey-law.com)

**LITIGATION REFERRAL SHEET\***

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

From: \_\_\_\_\_  
Adjuster Carrier or Administrator

Applicant: \_\_\_\_\_ Employer: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

WCAB #: \_\_\_\_\_ Claim #: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Entire Coverage or P.S.I. Period: \_\_\_\_\_ To \_\_\_\_\_

Entire Employment Period: \_\_\_\_\_ To \_\_\_\_\_

TD Paid \$ \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Average Weekly Wages: \_\_\_\_\_ TD Rate \_\_\_\_\_ PD Rate \_\_\_\_\_

Why TD Terminated: \_\_\_\_\_

PD Paid \$ \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**Date of Hearing**

**Total PD Advance**

**Suggested Issues: (please check)**

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

**Medical Preparation:**

Original Medical Reports Are:  
 \_\_\_\_\_ Attached \_\_\_\_\_ Filed

Copies served on Applicant:  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

Has further medical exam been scheduled?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes:  
 With whom \_\_\_\_\_  
 When \_\_\_\_\_

Applicant's Medical/Legal Liens Paid:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*Note: One sheet for each injury.