

The Law Offices of Peter M. Schaeffer

167 Masters Avenue Riverside CA 92507

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WORKERS' COMP CLIENT INFORMATION SHEET

Appt. date:		Referred by: _____ Yellow Pages Y or N	Our File No.:	
NAME:				
Address:				
City		State	Zip:	
TELEPHONE Home:			E-mail:	
Cell:		Fax:		
DATE of BIRTH:		SS # :		CDL #: Provide to us for copying
Spouse Name:		Spouse Employed:		No. of children:
What is the best time/way to contact you:			At work: Yes No	
Emergency contact relative: <i>(One who doesn't live with you but will always know how to contact you)</i>				
Name:		Phone:		
WHAT IS THE NATURE OF YOUR LEGAL PROBLEM OR QUESTION:				
Have you ever hired an attorney before:		When:	For what:	
EMPLOYMENT INFORMATION at <u>TIME OF INJURY</u>				
Employer name:				
Address:		City	State	Zip
Employer telephone:		Your work phone no.:		
Job title (on date injured):		Salary/hourly wage (on date injured):		
Reg. hours per week (on date injured):		Highest number of overtime hours worked in a week:		

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Job description/duties: (at time of injury):		
Date hired m\d\y:		Date terminated m\d\y:
Working now?	Last day worked:	Date returned to work:
Did you return to modified duties? Y N		Describe:
Did they ever give a Bonus?		Salary/wage (now):
Has your salary/wage changed:	Are you in a union? Y N	Name of union:
INJURY INFORMATION		
DATE OF INJURY:		Time of injury:
Address of injury (City State Zip):		
<u>How did the injury happen in detail:</u>		
Parts of body injured:		
Was there a witness:	Name & Telephone No. of witness:	
Date first reported:	Reported to whom:	
Was a claim form given to you right away?		Do you have a copy of the claim form?:

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Workers Comp <u>INSURANCE COMPANY</u> name:				
Address:			City state zip:	
Adjuster:			Phone no.:	
Claim no.:			E-mail:	
Have you received TEMPORARY DISABILITY for this injury:	Y N	How much received per check:	\$	
Did you ever receive State disability or EDD:	Y N	How much received per check:	\$	
Have you received Medi-cal benefits :	Y N			
Other Personal Injuries (any kind)		Dates:	Body Part:	
Ever had a prior job injury:		Dates:	Body Part:	
Have you ever had a job injury that was filed with Worker's Compensation Appeals Board?	Y N	Yr.	City of WCAB where Filed?	Injury:
Have you ever had a job injury that you received money for at the end of the case?	Y N			
Applicant Signature:			Today's Date:	