

# LITIGATION REFERRAL SHEET

To: MORROW & MORROW  
Post Office Box 5017  
Westlake Village, CA 91359-5017

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

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(805)494-1109  
(805)751-0106 - Fax

FROM: \_\_\_\_\_

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

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

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Carrier \_\_\_\_\_ Type of Injury \_\_\_\_\_

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

Dates of Coverage \_\_\_\_\_ Total Medical Paid \_\_\_\_\_

TD Paid \$ \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ Weekly Rate \_\_\_\_\_ Liens \_\_\_\_\_

PD Paid \$ \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ Weekly Rate \_\_\_\_\_ Advances \_\_\_\_\_

## SUGGESTED ISSUES: (check)

- \_\_\_\_\_ Employment
- \_\_\_\_\_ Occupation
- \_\_\_\_\_ 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.
- \_\_\_\_\_ Subrosa investigation ordered.
- \_\_\_\_\_ Medical examination with  
Dr. \_\_\_\_\_ set for  
(date) \_\_\_\_\_.

REMARKS \_\_\_\_\_

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