LFL&M LAUGHLIN, FALBO LEVY & MORESI LLP

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❑ LOS ANGELES	(818) 638-8200	(818) 479-7548
❑ OAKLAND	(510) 628-0496	(510) 628-0499
❑ REDDING	(530) 222-0268	(530) 222-5705
❑ SACRAMENTO	(916) 441-6045	(916) 441-7067
❑ SAN BERNARDINO	(909) 890-2265	(909) 890-2377
❑ SAN DIEGO	(619) 233-9898	(619) 233-6862
❑ SAN FRANCISCO	(415) 781-6676	(415) 781-6823
❑ SAN JOSE	(408) 286-8801	(408) 286-1935

FROM: Your Name: _____ Phone: _____

Company Name: _____

Address: _____

Insurance Carrier: _____

☐ STATE WORKERS COMPENSATION ☐ EMPLOYMENT ☐ L & H ☐ SUBROGATION ☐ LIABILITY

☐ Pre 1990 Injury ☐ Post 1990 Injury ☐ Post 1991 Injury ☐ Post 1993 Injury ☐ 2004/2005 Injury

EMPLOYEE: _____ DOI: _____ Claim # _____

EMPLOYER: _____ POLICY PERIOD _____

APPLICANT'S ATTORNEY: _____ ☐ NONE

PRIOR RELATED INJURIES: DOI: _____ ☐ APP. FILED ☐ STILL OPEN

CLAIM FORM FILED ON: _____ APPLICATION FILED ON: _____

DENIAL LETTER FILED ON: _____ ANSWER FILED ON: _____

OR DENIAL DUE DATE: _____ ☐ LFLM TO FILE ANSWER

BENEFITS PAID:

TD $ _____ PERIODS _____

VRTD $ _____ PERIODS _____

PD $ _____ PERIODS _____

MEDICAL EXPENSES $ _____ VR EXPENSE $ _____

WORKERS COMPENSATION ISSUES:

☐ 1. INJURY AOE-COE ☐ 5. EARNINGS ☐ 9. PAST MEDICAL ☐ 13. DEPENDENCY

☐ 2. EMPLOYMENT ☐ 6. TEMPORARY DISABILITY ☐ 10. FUTURE MEDICAL ☐ 14. PENALTIES (SEE REVERSE SIDE)

☐ 3. OCCUPATION ☐ 7. PERMANENT DISABILITY ☐ 11. STATUTE OF LIMIT. ☐ 15. OTHER (EXPLAIN BELOW)

☐ 4. COVERAGE ☐ 8. APPORTIONMENT ☐ 12. JURISDICTION

REQUESTED ACTION:

ATTEND HEARING: ☐ YES ☐ NO IF YES, DATE _____ TIME: _____ PLACE _____

DEPOSE APPLICANT: ☐ YES ☐ NO ☐ Need to Discuss _____

SCHEDULE MEDICAL EXAM: ☐ YES ☐ NO ☐ PHYSICIAN _____

SUBPOENA RECORDS: ☐ YES ☐ NO ☐ SOURCE _____

COMMENTS: _____

Laughlin, Falbo, Levy & Moresi LLP
Labor Code Section 4650, 5813 and 5814 Potential Penalty Transmittal Form

(For exposures exceeding $5,000.00)

Date:

Client Name:

Claimant Name:

LFLM File Number:

Claims Adjuster:

Amount of Penalty:

Penalty Trigger Date (the date check or benefits should have gone out):

If Self-imposed increase owed per 4650(d), when was claim form (DWC-1) received?

Authorization Request

(Outline rationale for payment, negotiations, strategies & demand)

Applicant's attorney is alleging 5813 or 5814 penalties for the following: (use additional pages as needed).

1.

Potential Exposure:

Possible Defenses:

2.

Potential Exposure:

Possible Defenses:

3.

Potential Exposure:

Possible Defenses:

COMMENTS/SETTLEMENT AUTHORITY:

Client/Referring party's signature _____