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| Date **CLIENT INFORMATION**Client Address Phone (H) (W) Cell Retainer Agreement Signed SSN Email Date of Birth Driver’s License Education Spouse/Partner’s Name Spouse/Partner Phone Dependents Referred By Emergency Contacts (Name/Address/Phone)   **EMPLOYMENT/INSURANCE/UNION MEMBERSHIP****Primary** Employer Address Wage Insurer Adjuster Address Claim No.  Telephone Managed Care Organization 🞎 Yes 🞎 No Policy No. When was the comp insurer notified of the claim being filed? Date Date of Hire Occupation Currently Working Scheduled Days Off Wage Loss Paid **Secondary** Employer Address Wage Insurer Adjuster Address Claim No.  Telephone Managed Care Organization 🞎 Yes 🞎 No Policy No. When was the comp insurer notified of the claim being filed? Date Has documentation of the wage at the secondary job been obtained? 🞎 Yes 🞎 NoDate of Hire Occupation Currently Working Scheduled Days Off Wage Loss Paid Non-Industrial Carrier 🞎 Yes 🞎 No Policy No. Carrier Address  Private Health Carrier (if any) 🞎 Yes 🞎 No Policy No. Carrier Address  Union Membership 🞎 Yes 🞎 No Local No. Union Name **INJURY**Date of Injury Claim No. WCB No. WCD No. Body Part(s) Injured   How Did the Injury Occur    Where Did the Injury Occur (City/State)  Were there any Witnesses? (First/Last Names)  **PRIOR CLAIMS**Date of Prior Workers’ Comp Claim Amount of Award $ Date of Prior Workers’ Comp Claim Amount of Award $ Date Worker’s Statement or Deposition Taken **PREVIOUS MOTOR VEHICLE ACCIDENTS AND OTHER PRIOR INJURIES**     **MEDICAL CONDITIONS PRE-EXISTING THIS INJURY**     **PRIOR ARRESTS AND CONVICTIONS**     **MENTAL HEALTH, ALCOHOL, DRUG USE (CURRENT AND HISTORY)**      |
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| **DEADLINES TO CALENDAR**Date of Notice of Closure Statute Runs  60 days from date of OrderDate of Reconsideration Order**\*** Statute Runs  30 days from date of Reconsideration OrderDate of Denial\* Statute Runs  60 days from date of mailing of denialAggravation Claim Statute Runs  5 years from date of first Notice of Closure, if disabling; 5 years from date of Notice of Acceptance, if nondisabling**\* Request hearing immediately**Date of Opinion and Order Statute Runs  30 days from date of Opinion and OrderDate of Board Order Mailing Statute Runs  30 days from date of Order on ReviewDate Appellate Brief Due Date of scope of acceptance demand letter Statute Runs  60 days from date of demandDate of Director’s Admin. Review Order Statute Runs  60 days from Dir. Admin. Review OrderDate of Medical Services Order Statute (OAR) Runs Vocational Services Issue Statute Runs   |

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| WCD WCBDate Request for Hearing Filed Date Request for Hearing Filed Hearing Date Hearing Date Date Client Notified Date Client Notified  |

# LIEN ITEMS

□ Child Support Liens □ Unemployment Benefits □ Social Security Disability

□ Medicaid □ Medicare □ Oregon Health Plan

□ Welfare Assistance □ Private Health Carrier □ Other

# NAMES OF PHYSICIANS, MEDICAL FACILITIES WHERE TREATED

Physician or Facility Address Phone

# REQUESTS FOR RECORDS

Records from treating physician Date Requested Rec’d

Hospital records Date Requested Rec’d

Other physician records Date Requested Rec’d

Other physician records Date Requested Rec’d

Document demand to employer Date Requested Rec’d

Medical releases obtained Date Requested Rec’d

# THIRD PARTY RESPONSIBILITY

Third Party Potential

Potentially Responsible Party

Theory of Liability

SOL

Notes

# WITNESSES

 Interviewed Subpoenaed

Name 🞎 🞎

Address

Telephone

Name 🞎 🞎

Address

Telephone

Name 🞎 🞎

Address

Telephone

Name 🞎 🞎

Address

Telephone

**IMPORTANT NOTICES**

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