

Concentrating in Disability & Workers' Compensation Law

WORKERS' COMPENSATION CHECKLIST

1. Full name _____ So. Sec. No. _____ Date of Injury _____
2. Date of birth _____ Place of Birth _____ U.S. Citizen _____
3. Mailing address _____
4. Telephone No. (_____) _____ - _____ Email: _____
5. Marital status _____ No. of children _____ Ages _____
6. How did you hear of this office? _____
7. Any prior attorney handling this case _____
8. Employer's name _____
9. Employer's address _____
10. Occupation (job title) _____ Length of time at job _____
11. Gross weekly wage (including overtime) _____
12. Were you working two jobs at the time of the injury? _____ if yes, please list name & address of the employer and the amount of wages

13. Have you received any worker's comp. payments as a result of this injury? _____

If you *have* received payments, please list the following:

- i. Worker's compensation insurer (if known) _____
- ii. Insurance adjuster/ representative's name (if known) _____
- iii. Amount of weekly payments _____
- iv. How long did you receive benefits? _____
- v. Did you settle your case with the insurer? _____



Please Direct all Mail to: P.O. Box 543 Falmouth, MA 02541

15. Body parts injured (please list all injuries even if now resolved).

16. Witnesses to injury (also list name, address, phone, position):

17. Was a car or other machinery involved in the accident (explain)?

18. Was any other equipment (such as a ladder, staging, electrical cord, etc.) involved in the accident (explain)?

19. Were any chemicals or other toxic substances involved in your accident?

20. Did your accident happen on property owned or controlled by someone other than your employer?

21. Who owned the property? _____

If you were injured on a construction site, was your employer the general contractor or the sub?

22. *If you have received medical treatment for your injury, please answer the questions below. Please be sure to list all of the medical providers you have seen for this injury, including all doctors, hospitals and clinics.*

Name of hospital or doctor: _____

Address: _____

Telephone No.: _____ Specialty: _____

Dates of treatment: _____

(Please do not write in the space below)

Name of hospital or doctor: _____

Address: _____

Telephone No.: _____ Specialty: _____

Dates of treatment: _____

(Please do not write in the space below)

Name of hospital or doctor: _____

Address: _____

Telephone No.: _____ Specialty: _____

Dates of treatment: _____

(Please do not write in the space below)

Name of hospital or doctor: _____

Address: _____

Telephone No.: _____ Specialty: _____

Dates of treatment: _____

(Please do not write in the space below)

Name of hospital or doctor: _____

Address: _____

Telephone No.: _____ Specialty: _____

Dates of treatment: _____

(Please do not write in the space below)

23. Has anyone other than the workers' compensation carrier (such as a private health carrier, welfare or Medicare) paid any medical bills for treatment related to your injury? _____ If yes, please explain: _____

24. Have you ever injured the same part of your body before? _____

If yes: When? _____ Where? _____

How? _____

Did you receive workers' compensation for this injury? _____

Did you file a lawsuit for this injury? _____

Did you receive medical treatment for this injury? _____

If yes, please list the names of the doctors you saw: _____

25. Please list any other injuries (including motor vehicle accidents) or illnesses for which you have received medical treatment within the last ten years (Please include the name of the doctor who treated you):

26. Does your employer provide short term or long term disability benefits? _____

Have you applied for these benefits? _____

27. Have you applied for Social Security Disability? _____

28. Was your application denied? _____ If yes, when? _____

If you are receiving SSD, how much do you receive each month? _____

29. Have you applied for welfare? EAEDC? _____

Did you sign a lien agreeing to repay these benefits? _____

i. When did you start receiving these benefits? _____

ii. How much do you receive each month? _____

32. Have you applied for unemployment benefits? _____

Are you receiving unemployment benefits? _____

i. How long have you been on unemployment? _____

ii. How much do you receive each week? _____

33. Did you attend high school? _____ Grade completed: _____

34. Did you obtain further education or training? _____

If yes, please describe: _____

35. Were you ever in the military? _____ If yes, please list dates and branch:

36. Please list your employment history, starting with your most recent employer.

Employer: _____

Dates of employment: _____

Job title: _____

Job duties: _____

Employer: _____

Dates of employment: _____

Job title: _____

Job duties: _____

Employer: _____

Dates of employment: _____

Job title: _____

Job duties: _____

Employer: _____

Dates of employment: _____

Job title: _____

Job duties: _____

Employer: _____

Dates of employment: _____

Job title: _____

Job duties: _____

Employer: _____

Dates of employment: _____

Job title: _____

Job duties: _____