



LEGAL REFERRAL

THE LAW OFFICES OF BRADFORD & BARTHEL, LLP

3270 Inland Empire Blvd.
Suite 200
Ontario, CA 91764
909-476-0552
909-476-0554 (fax)

18801 Ventura Blvd.
Suite 200
Tarzana, CA 91356
818-654-0411
818-654-0412 (fax)

222 S. Harbor Blvd.
Suite 1000
Anaheim, CA 92805
714-526-9120
714-526-9130 (fax)

8885 Rio San Diego
Drive
Suite 360
San Diego, CA 92108
619-641-7942
619-641-7946 (fax)

5720 Ralston Street
Suite 200
Ventura, CA 93003
805-677-4808
805-677-4807 (fax)

5757 W. Century Blvd.
Suite 660
Los Angeles, CA 90045
310-981-5004
310-348-9195 (fax)

2518 River Plaza Drive
Sacramento, CA 95833
916-569-0790
916-569-0799 (fax)

1805 Hilltop Dr.
Suite 106
Redding, CA 96002
530-242-6909
530-242-6988 (fax)

1300 E. Shaw Ave.
Suite 171
Fresno, CA 93710
559-442-3602
559-485-6071 (fax)

2841 Junction Ave
Suite 114
San Jose, CA 95134
408-392-8202
408-392-0903 (fax)

100 Stony Point Road
Suite 225
Santa Rosa, CA 95401
707-571-7415
707-571-7443 (fax)

1330 Broadway
Suite 1201
Oakland, CA 94612
510-268-0061
510-268-0398 (fax)

PMB #338
1172 S. Main St.
Salinas, CA 93901
831-758-8619

Rev: 10/26/2015

Claim No:	Date of Injury:	WCAB Case No:
Claimant:		Employer:
D.O.B.:	SSN:	Employer Address:
Applicant's Attorney & Phone:		
Suggested Issues:		
<input type="checkbox"/> Injury	<input type="checkbox"/> Earning	<input type="checkbox"/> Past Medical
<input type="checkbox"/> Employment	<input type="checkbox"/> TD _____	<input type="checkbox"/> Future Medical
<input type="checkbox"/> Occupation	<input type="checkbox"/> PD _____	<input type="checkbox"/> Statute of Limitations
<input type="checkbox"/> Coverage	<input type="checkbox"/> Apportionment	<input type="checkbox"/> Jurisdiction
<input type="checkbox"/> Dependency	<input type="checkbox"/> Rehabilitation	<input type="checkbox"/> Lien Resolution
<input type="checkbox"/> Other:		
Medical Evaluation: Please Set <input type="checkbox"/> Already Scheduled w/Dr. _____ on _____		
<input type="checkbox"/> MSC	<input type="checkbox"/> PTC	<input type="checkbox"/> LIEN CONF.
<input type="checkbox"/> TRIAL	<input type="checkbox"/> DEPO	<input type="checkbox"/> OTHER: _____
Date: _____	Time: _____	Location: _____
Judge: _____		
Remarks/Suggestions:		

Carrier Name: _____ **Administering for:** _____

Address: _____ **Suite #** _____

City: _____ **State** _____ **Zip Code:** _____

Adjuster Name: _____ **Phone No. & Ext.** _____