



SUBPOENA CLEARINGHOUSE 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 Dr
Suite 360
San Diego, CA 92108
619-641-7942
619-641-7946 (fax)

5720 Ralston St
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 Dr
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)

155 E. Shaw Ave
Suite 200
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 Rd
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

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Claim No:	Date of Injury:	WCAB Case No:
Claimant:		Employer:
D.O.B.:	Name of Employer Contact:	
	Employer E-mail/Phone Number:	
SSN:	Employer Address:	
Date of Subpoena:	Name of Subpoena Company:	
Date Subpoena must be complied by:		
Applicant's Date of Hire:	Applicant's Date of Termination:	
Applicant's Date of Termination:	Denied or Admitted Injury:	
Returned documents Attn to:	Return documents via:	
	<input type="checkbox"/> E-mail	<input type="checkbox"/> Regular
	<input type="checkbox"/> Certified	<input type="checkbox"/> Personal and Confidential
Carrier Name: _____ Administering for: _____		
Carrier Address: _____ Suite # _____		
City: _____ State _____ Zip Code: _____		
Adjuster Name: _____ Phone No. & Ext. _____		
Adjuster Email: _____		