Submit by Email | Print Form

WCAB Request:

Civil Request/ P.I.:

Date of Request:

269 S Beverly Dr #426 Beverly Hills, CA 90212
Ph: 310-652-2120 Fx: 310-652-2128

Email: Info@westerncopyservice.com
Website: www.westerncopyservice.com

RUSH ☐

APPLICANT / PLAINTIFF INFORMATION

Name:
A.K.A:
Birth Date:
Social Sec. #:
Injury Date:
Street::
City, State, Zip:

REQUESTING PARTY

APPLICANT/PLAINTIFF ☐ DEFENSE ☐

Firm:
Attorney:
Street:
City,State. Zip:

DELIVER TO - ☐ - REQUESTER - ☐ - OTHER

Firm:
Contact:
Street:
City, State, Zip:
Number of Sets: - - Paper ☐ - CD ☐ - Both ☐

PARTIES TO THE CASE

WCAB Case No.:

INSURANCE CARRIER INFORMATION

Carrier Name:
Claim No.:
Adjuster Name:
Street:
City,State, Zip:
Telephone No.: Fax:

EMPLOYER INFORMATION

Employer:
Street:
City, State, Zip:
Telephone No.: Fax:

DEFENSE ATTORNEY

Firm Represents:
Opposing Attorney:
Firm:
Street:
City, State, Zip:
Telephone No.: Fax:

CODES: ☐ [M] edica ☐ [B] illin ☐ [X]-RA ☐ [E] mployme ☐ [W] ag ☐ [C] laim File ☐ [O] ther

CODE	Facility :	Street Address:	City/ State/ Zip:	Phone:	DR./ Contact:

Please provide any additional information on a seperate sheet

SPECIAL INSTRUCTIONS:
Check here if Medical Review not needed ☐