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**LEGAL FILE REFERRAL**

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Applicant Name \_\_\_\_\_ Appearance Set  Yes  No Date \_\_\_\_\_  
Employer \_\_\_\_\_ DOR Filed  Yes  No Date \_\_\_\_\_  
Ins/TPA/Retention \_\_\_\_\_ Date of Injury \_\_\_\_\_  
EAMS No. \_\_\_\_\_ Body Parts \_\_\_\_\_  
Attorney Assignment \_\_\_\_\_

Remarks:

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**Adjuster Information**

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Name \_\_\_\_\_  
Client \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_