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YRULEGUI & ROBERTS
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LEGAL FILE REFERRAL

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:

ADJUSTER INFORMATION

Name _____

Client _____

Address _____

Phone _____ Email _____