

PROPOSED FINALIZATION FOR STATE CASES

DATE: _____ DUE DATE: _____

TO: _____ AGENCY: _____

FROM: _____ SCIF OFFICE: _____

NAME: _____ SS# _____

WORK LOCATION: _____ OCCUPATION: _____

CLAIM NUMBER: 1. _____ 2. _____ 3. _____
DATE OF INJURY 1. _____ 2. _____ 3. _____

NATURE OF INJURY (JES)	(PART OF BODY)	ACCEPTED	REJECTED
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

WORK STATUS: STILL OFF WORK: _____ RTW (DATE) _____
RETIRED: _____ NO LONGER WITH AGENCY: _____
REHABILITATION STATUS: NON QIW _____ QIW _____

LITIGATION STATUS: YES _____ NO _____ DATE: _____ ATTY: _____

APPLICATION FILED: YES _____ NO _____ DATE: _____ SUBRO: YES _____
NO _____

WCAB HEARING SET: YES _____ NO _____ DATE: _____ RECOVERY: \$ _____

ISSUES(S) OF PERMANENT DISABILITY (RATING AS EXPRESSED IN PERCENT AND DOLLARS)

		P&S DATE AMOUNT	PERCENT
1.	RATING OF TREATING PHYSICIAN:	_____	_____
2.	RATING OF PANEL PHYSICIAN:	_____	_____
3.	RATING OF AGREED MEDICAL EXAMINER:	_____	_____
4.	RATING OF (A) DEFENSE QME:	_____	_____
	(B) APPLICANT QME:	_____	_____

(PLEASE ATTACH RATING FORMULA ALONG WITH PERTINENT MEDICAL REPORT(S))

OTHER ISSUES: (I.E. AOE/COE, T.D., IDL, APPORTIONMENT, FUTURE MED. ETC.)
PLEASE NOTE: IDL 3 YEARS POST D.O.I. WILL BE INCLUDED IN SETTLEMENT AS T.D.
IF POSSIBLE: INCLUDE MERITS OF THE CASE TO JUSTIFY SETTLEMENT REQUEST.

AUTHORITY REQUESTED FOR SETTLEMENT: C&R _____ STIPULATION

ADJUSTER

SUPERVISOR

AGENCY AUTHORITY GRANTED: _____ DATE:

Authorizing Signature