

Law Offices Of Michael J. Jensen

Important! Please Read The Attached Information
Complete This Form And Return It With The Requested Documents

Name _____

Date of Injury _____

Your Mailing Address _____

City of Injury _____

S.S.N. _____

Home/Cell Phone No.: _____

Occupation: _____

Message No.: _____

Date of Birth: _____

Email: _____

Number of Children: _____

Married: Y _____ N _____

Workers' comp. insurer: _____

Employer at time of injury: _____

Date of Hire: _____ Rate of Pay: _____

Avg. hours worked per week: _____

Date(s) you have been off work: _____

From _____ through _____

Type of Injury or Illness: _____

Name & address of your treating physicians: (PLEASE SEND ALL MEDICAL RECORDS)

Were you evaluated by a physician picked by the insurance carrier or adjuster?: No
If yes, please provide a copy of the (IME) report(s)

Earnings for the year before, as well as, \$ _____ Year _____
the year of injury: (Please provide W-2's or pay stubs) \$ _____ Year _____

Did you provide written notice to employer(Report of Injury)? No If yes, attach copy

Did you request Vocational Rehabilitation Benefits? No If yes, attach copy

Did your employer pay into a pension plan? No If Yes _____ Amount/mo

Do you have non workers compensation health insurance coverage: No

If yes, attach copies of any medical expenses paid by your health insurance carrier.

What benefits, if any, have been denied? _____

Date of last benefits payment? _____ (Attach any Controversion Notices)

Who referred you? _____

IMPORTANT

Below is a list of items we need in order to review your claim. Please submit these items with this information sheet.

1. **\$30.00 processing fee.**
2. **A copy of your Alaska Workers' Compensation Board file.** You are entitled to one copy of this file and can obtain it by calling:

In Anchorage	(907) 269-4980
In Juneau	(907) 465-2790
In Fairbanks	(907) 451-2889
3. **Copies of all your medical reports regarding this claim.** These are often the most important documents you can send to allow this office to properly evaluate your claim. You can request these from your doctors or the adjuster handling your claim.
4. **A copy of your Report Of Injury.** If you did not file a Report Of Injury, please indicate on the questionnaire. This will also be included in your Workers' Compensation file.
5. **A copy of your request for Vocational Rehabilitation Benefits.** If you did not request vocational rehabilitation benefits, please indicate on questionnaire. This should also be included in your Workers' Compensation file.
6. **Copies of your tax returns and W-2 forms for the year before your injury, as well as, any pay stubs** documenting your earnings for the fifty-two weeks before your date of injury. If you are unable to provide a tax return or W-2, you can obtain an earning statement from the Alaska Department of Labor, the Social Security Administration or the IRS.
7. **Copies of any correspondence from/with the adjuster including recorded statements.**

Remember, your information will not be reviewed until all of the required information has been received by our office. Any incomplete files will automatically be returned after 30 days.