

To Whom It May Concern

Thank you for contacting me. I handle Alaska Workers' Compensation claims. I also handle U.S. Longshore and Harbor Workers' Compensation Act cases. Attached are an information form and a checklist of documents you will need to provide me. There is a \$30.00 non-refundable processing cost that you will need to pay and submit with the information you return. Please allow my office at least two weeks to review your information. After I have reviewed your information I will write or call you regarding the merits of your claim. **If you wish to expedite the review of your claim, please organize your medical records in chronological order. My office cannot assist or advise you until you provide all the necessary information and we have reviewed it.**

Please bear in mind that if yours is an Alaska workers' compensation case and you are not receiving workers' compensation benefits you must file a claim within two years of your injury or last payment of compensation benefits. You have one year to file a claim for U.S. Longshore and Harbor Workers' compensation cases. Any death claim must be filed within one year of the date of death. There are some rare exceptions. Your rights may be lost if you do not act in time. If you have any questions, concerning your Alaska workers' compensation claim you may contact the Workers' Compensation Division. If your injury is covered under the U.S. Longshore and Harbor Workers' Compensation Act you should contact the Office of Workers' Compensation Programs. If you have questions concerning a personal injury case, or other employment or disability related matters you must contact other counsel. My office does not handle such cases and can offer no advice.

Representation

Attorney's fees are never charged to the worker and an attorney will not take a percentage of your potential recovery. The Alaska Workers' Compensation Act and U.S. Longshore and Harbor Workers' Compensation Act provide for the award of reasonable attorney's fees and costs. These are to be paid by the employer or insurer in addition to the benefits awarded to the worker.

I look forward to receiving the information requested. **Please understand that at this time my office does not represent you and can take no action on your behalf.**

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.: _____

Email: _____ Date of Birth: _____

Married: Y _____ N _____ Number of Children: _____

Employer at time of injury: _____ Workers' comp. insurer: _____

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 Yes

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. Do not send copies of MRI, CT or x-ray films. Only the reports should be provided.
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 may not be reviewed until all of the required information has been received by our office. Any incomplete files may automatically be returned after 30 days. Our office does not accept electronic copies of your file. All files must be submitted in paper form.