

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

Name _____ Date of Injury _____

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

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

This Board file may take some time to obtain. For this reason you should request a copy now. The information in this file is very important in evaluating your claim.

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.
3. **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.
4. **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.
5. **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.
6. **Copies of any correspondence from/with the adjuster including recorded statements.**

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