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WORKERS' COMPENSATION MATTER

DATE: _____

1. Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Phone: (Home) (_____) _____ - _____

(Business) (_____) _____ - _____

(Cell) (_____) _____

Email: _____

How long at present address? _____

2. S.S.#: _____ - _____ - _____

Date of Birth: _____

3. Single: _____ Married: _____ Divorced: _____ Separated: _____ Widowed _____

4. Spouse's Name (if applicable): _____

5. Number of children or other dependents:

Children: _____

Dependents: _____

6. Occupation: _____

7. Name, address, phone number of employer:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Phone:

(Business) (_____) _____ - _____

(Fax) (_____) _____

Dates of Employment: _____

Employer's Insurance Carrier: _____

Are you paid hourly or by salary? _____

What are your wages and pay period? _____

8. Date of Accident: _____

9. Where accident occurred: _____

10. How did accident occur?: _____

11. Did you miss any time from work? Yes _____ No _____

If yes, provide dates: _____

12. Did you report your injury to employer? Yes _____ No _____

If yes, whom did you report the accident to?

Name: _____

Title: _____

When did you report the accident? _____

e. _____

f. _____

g. _____

h. _____

/ / to / / [present]

List prior employment: _____

21. Prior Worker's Compensation Claims (include description of each claim, date of claim):

22. Other attorneys currently or previously involved: _____

23. List all other facts you feel are relevant.
