

For new file referrals: Please note that merely sending the claim file to one of our lawyers or staff members does not create an attorney-client relationship. Such a relationship will exist only once it is confirmed in writing between Reinisch Wilson Weier PC and you or your company. *Reinisch Wilson Weier PC does not represent your employer/client until we have received this completed Referral Form, have satisfied our conflict check and confirmed representation in writing with you.*

Please help us be more efficient and meet important deadlines so we can help resolve this matter sooner.

Claim Matter Jurisdiction: Washington

Worker's Claim Number _____

Worker's Full Name _____

Worker's Date of Injury _____

Worker's Social Security Number _____

Worker's Date of Birth _____

Is Worker represented? Yes No

Name of Worker's attorney _____

Employer name _____

Insurance Carrier (NOT TPA) _____

WA SIF2/DLI Number _____

Which billing/litigation guidelines apply? _____

Ebiller _____

Is this file in litigation in Washington? Yes No

Docket Number _____

CONTINUED

Upcoming Deadlines and Due Dates (**VERY IMPORTANT!**):

Discovery Production to Opposing Counsel/Department Due Date _____

Protest/Appeal deadlines (list the event type – such as Notice of Closure – and due date:

Event _____ Due date _____

Event _____ Due date _____

Event _____ Due date _____

Upcoming IMEs:

Dr. Name _____ Date _____

Dr. Name _____ Date _____

Dr. Name _____ Date _____

Mediation conference _____

Your First and Last Name _____

Your Company _____

Your Email _____

Reinisch Wilson Weier attorney preference _____

Please attach this form to any physical matters delivered to our office.

For any electronically submitted files, please complete the online form at <https://rwwcomplaw.com/files> before uploading claim matter documents.