

Our unique, automated Workers' Compensation volume makes these cases easier for you by enabling you to work on them more efficiently and profitably. With this volume you have nearly instant access to 170 automated forms—everything you need for your Workers' Compensation matters. You'll find all the forms you need from start to finish for these cases in a single integrated system. This means that you enter client and case data a single time to generate any document in the volume for the duration of each of these matters. And, our forms are EAMS compliant.

1-1 Case Profile

## EAMS FORMS

### COURT ADMINISTRATOR FORMS

CA10214a Stipulations with Request for Award  
 CA10214b Stipulations with Request for Award (Death Case)  
 CA10214c Compromise and Release  
 CA10214d Compromise and Release (Dependency Claim)  
 CA10214e Compromise and Release (Third Party)  
 CA102321 Document Cover Sheet  
 CA102322 Document Separator Sheet  
 CA10245 Minutes of Hearing  
 CA102501 Declaration of Readiness to Proceed  
 CA102521 Declaration of Readiness to Proceed (Expedited Trial)

### WORKERS' COMPENSATION APPEALS BOARD

WCAB1A Application for Adjudication of Claim  
 WCAB6 Notice and Request for Allowance of Lien  
 WCAB10 Answer to Application for Adjudication of Claim  
 WCAB46 Petition to Terminate Liability for Temporary Disability Indemnity

### DISABILITY EVALUATION UNIT (DEU)

AD100 Employees Permanent Disability Questionnaire  
 AD101 Request for Summary Rating Determination of AME's or QME's Report  
 AD102 Request for Summary Rating Determination - Primary Physician Report  
 AD103 Request for Reconsideration of Summary Rating by Administrative Director  
 AD104 Request for Consultative Rating (RCR)

### RETRAINING AND RETURN TO WORK UNIT (RRTW)

AD10118 Notice of Offer of Regular Work  
 AD10120 Request for Reimbursement of Accommodation Expense  
 A1013353 Notice of Offer of Modified or Alternative Work  
 A1013355 Request for Dispute Resolution Before the Administrative Director  
 A1013357 Supplemental Job Displacement Nontransferable Training Voucher

### TRUST FUND

APPSIF APPSIF-Application for Subsequent Injuries Fund Benefits  
 UEF50 Application for Discretionary Payments from the Uninsured Employers' Fund

## LEGACY FORMS

### CLAIM AND COURT FORMS

1-100 Workers' Compensation Claim Form  
 1-105 Petition for Appointment of Guardian Ad Litem and Trustee  
 1-110 Application for Benefits for Serious and Willful Misconduct of Employer  
 1-115 Application for Discrimination Benefits - Labor Code Section 132(A)  
 1-118 Arbitration Application  
 1-120 Pre-trial Conference Statement  
 1-125 Notice of Dismissal of Attorney  
 1-130 Petition for Change of Primary Treating Physician  
 1-131 Medical Mileage Expense Form in English/Spanish (on or after 1-1-11)  
 1-132 Medical Mileage Expense Form in English/Spanish (on or after 1-1-10)  
 1-133 Medical Mileage Expense Form in English/Spanish (on or after 1-1-09)  
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 1-140 Medical Mileage Expense Form in English/Spanish (on or after 1-1-08)

1-145 Medical Mileage Expense Form in English/Spanish (on or after 1-1-07)  
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 1-150 Information Guidelines for Submission of Settlement Documents  
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 1-170 Petition to Reopen  
 1-175 Petition for Commutation of Future Payments  
 1-180 Proof of Service (Personal)  
 1-185 Proof of Service (Mail)  
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 2-110 Notice of Employee Death  
 2-115 Request for Accommodations by Persons with Disability  
 2-120 EDEX Client Acknowledgment of Legal Constraints on Information  
 2-125 EDEX Client List  
 2-130 EDEX Subscriber Application  
 2-135 Arbitrator Application  
 2-140 Notice to Employees Poster  
 2-145 Official Medical Fee Schedule Order Form  
 2-150 Physician's Guide Order Form  
 2-155 Special Notice of Lawsuit  
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### PHYSICIAN

3-100 Notice of Personal Chiropractor or Personal Acupuncturist  
 3-105 Notice of Pre-Designation of Personal Physician  
 3-110 Primary Treating Physician's Permanent and Stationary Report (2005)  
 3-115 Primary Treating Physician's Permanent and Stationary Report (1997)  
 3-120 Primary Treating Physician's Progress Report  
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### QUALIFIED MEDICAL EVALUATOR

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 4-100INF Attachment - How to Request a QME - Represented  
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 4-102 Registration for QME Competency Examination  
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 4-110 QME/AME Report Time Frame Extension Request  
 4-115 Qualified Medical Evaluator's Findings Summary  
 4-120 Qualified Medical Evaluator Appointment Notification Form  
 4-125 Application for Appointment as Qualified Medical Evaluator  
 4-140 Application for Accreditation or Re-Accreditation as Education Provider  
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 4-155 Faculty Disclosure of Commercial Interest  
 4-160 Voluntary Directive for Alt Serv of Med-Lgl Eval Rprpt-Disputed Injur-Psyche  
 4-165 Declaration Regarding Protection of Mental Health Record  
 4-170 AME or QME Declaration of Service of Medical-Legal Report  
 4-175 QME-AME Conflict of Interest Disclosure Form and Objection or Waiver  
 4-180 QME Disclosure of Specified Financial Interests

- 4-185 Additional Panel Request  
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**SPINAL SURGERY**

- 5-100 Application for Spinal Surgery Second Opinion Physician List  
5-105 Objection to Treating Physician's Recommendation for Spinal Surgery

**DISABILITY EVALUATION FORMS**

- 6-100 Request for Informal Rating  
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6-110 Notice of Options Following Disability Rating  
6-115 Apportionment

**ACCESS TO PUBLIC RECORDS**

- 8-100 Request for Public Records  
8-105 Request for Authorization Number

**COMPLAINTS**

- 9-100 Utilization Review Complaint  
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9-110 Judicial Ethics Complaint Form  
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**MEDICAL PROVIDER NETWORK (MPN)**

- 10-100 Cover Page for Medical Provider Network Application  
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**AUDIT & LABOR AGREEMENTS**

- 11-100 Audit Referral Form  
11-105 How to File a Complaint with the Audit Unit  
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**LONGSHORE AND HARBOR WORKER'S COMPENSATION**

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LS18 Pre-Hearing Statement  
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LS200 Report of Earnings  
LS201 Notice of Employee's Injury or Death  
LS202 Employer's First Report of Injury  
LS203 Employee's Claim for Compensation  
LS204 Attending Physician's Supplementary Report  
LS206 Payment of Compensation Without Award  
LS207 Notice of Controversion of Right to Compensation  
LS208 Notice of Final Payment or Suspension of Compensation Payments  
LS210 Employer's Supplementary Report of Accident or Occupational Illness  
LS262 Claim for Death Benefits  
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LS266 Application for Continuation of Death Benefit for Student  
LS267 Claimant's Statement  
LS271 Application for Self Insurance  
LS275IC Agreement and Undertaking  
LS275SI Agreement and Undertaking (Self Insured Employer)  
LS276 Application for Security Deposit Determination  
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**DIVISION OF LABOR STANDARDS ENFORCEMENT**

- DLSE1 Initial Report or Claim  
DLSEBOFE Initial Report or Complaint  
DLSE55 Overtime, Rest Period, Meal Period Computation Form  
DLSE104 Application for Exemption from Provisions of the Industrial Welf Comm'n Ord  
DLSE104-1 Application for Ext of Minor's Work Hours in Agricultural Packing Plant  
DLSE106 Application for Special Minimum Wage License  
DLSE117 Application for Sheltered Workshop License

- DLSE155 Commission Summary  
DLSE205 Retaliation/Discrimination Complaint  
DLSE281 Application for Permission to Employ Minors in the Entertainment Industry  
DLSE277 Application for Permission to Work in the Entertainment Industry  
DLSE564 Information for Subpoena  
DLSEPPRA Public Record Act Request  
DLSEPW1 Public Works - Initial Report  
DLSEPW26 Statement of Employer Payments  
DLSE537 Notice of Appeal

**BENEFIT NOTICES****TEMPORARY DISABILITY & SALARY CONTINUATION**

- 12-100 Notice - Temporary Disability Benefits Payment Start/Resume  
12-105 Notice - Temporary Disability Benefits Delay  
12-110 Notice - Temporary Disability Benefits Denial  
12-115 Notice - Temporary Disability Benefits Payment Termination

**RESUMPTION, CHANGE, & TERMINATION**

- 13-100 Notice - Indemnity Benefits Payment Resume  
13-105 Notice - Indemnity Benefits Payment Change  
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**PERMANENT DISABILITY**

- 14-100 Notice - Permanent Disability Benefits Monitor for Disability Status  
14-105 Notice - Permanent Disability Benefits Permanent Disability Advice  
14-110 Notice - Permanent Disability Benefits Denial  
14-115 Notice - Permanent Disability Benefits Payment Start/Resume

**DENIAL & DELAY OF BENEFITS**

- 15-100 Notice - Denial of Workers' Compensation Benefit  
15-105 Notice - Delay of Workers' Compensation Benefit

**DEPENDENCY (DEATH) BENEFITS**

- 16-100 Notice - Dependency Benefits First Payment  
16-105 Notice - Dependency Benefits Change In Payment  
16-110 Notice - Dependency Benefits Payment Termination  
16-115 Notice - Dependency Benefits Delay  
16-120 Notice - Dependency Benefits Denial

**VOCATIONAL REHABILITATION**

- 17-100 Notice - Vocational Rehabilitation Benefits  
17-105 Notice - Vocational Rehab Benefits Eligibility and Delay  
17-110 Notice - Vocational Rehab Benefits Eligibility and Subsequent Delay  
17-115 Notice - Vocational Rehabilitation Benefits Denial  
17-120 Notice of Interruption or Deferral of Vocational Rehabilitation Services  
17-125 Vocational Rehabilitation Reinstatement Request  
17-130 Notice - Vocational Rehabilitation Benefits 90 Days of Total Disability  
17-135 Notice - Vocational Rehabilitation Benefits Potential Eligibility  
17-140 Notice - Vocational Rehabilitation Benefits Reminder of Eligibility  
17-145 Notice - Vocational Rehabilitation Benefits Intention To Withhold Allowance  
17-150 Vocational Rehabilitation Reply Form

**MISCELLANEOUS FORMS**

- 18-100 Declaration Pursuant to Labor Code Section 4906(g)  
18-105 Fee Disclosure Statement  
18-110 Subpoena for Personal Appearance at Hearing on the Merits  
18-115 Subpoena Duces Tecum to Produce Records  
18-120 Subpoena Duces Tecum to Produce Records for Commissioner  
18-125 Vacation Pay Schedule