

**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 PC and you or your company. *Reinisch Wilson 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 \_\_\_\_\_

Docket Number \_\_\_\_\_

Is this file in litigation in Washington?  Yes  No

**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://rwlaw.com/files> before uploading claim matter documents.