

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: _____

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 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://rwlw.com/files> before uploading claim matter documents.