Frank B. Watkins

Attorney and Counselor At Law
A Professional Corporation
2333 Rose Lane P.O. Box 1811 Riverton, WY 82501 (307) 856-1500 fax (307) 857-0082

WORKERS' COMPENSATION INTAKE INFORMATION

Date: _____ File No._____
(Office use only)

YOUR INFORMATION

Name: _____
Physical Address:_____
Mailing Address:_____
City, State, Zip:_____
Home Phone:_____
Work Phone:_____
Cell Phone:_____
Employer:_____
Date of Birth: _____
Spouse:_____

List treating doctors including primary health care provider
Doctor: _____
Doctor Address:_____
_____
Doctor: _____
Doctor Address:_____
_____
Doctor: _____
Doctor Address:_____
_____

Date of Injury:_____
Final Determination Date: _____
What was injured (arm/shoulder/back):_____
_____

Physical Therapy: _____
Address: _____
Physical Therapy: _____
Address: _____

List all witnesses:

Name _____
Address _____
Phone _____

Name _____
Address _____
Phone _____

Name _____
Address _____
Phone _____

Name _____
Address _____
Phone _____

I understand that unless the attorney and I sign a representation agreement the law firm of Frank B. Watkins does not represent me.

_____
(Signature)

OFFICE USE ONLY

Conflict of Interest Cross Check:

	YES	NO
Client List:	_____	_____
Adverse Party:	_____	_____
Frank Watkins:	_____	_____
Other:	_____	_____
Abacus:	_____	_____
Index Card:	_____	_____

TO-DO	YES	NO
Get Appointed	_____	_____
Received Order	_____	_____
Letters to Drs.	_____	_____
Send Discovery to:	Employer _____	Division _____