

PerfectLaw

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Software



WORKERS' COMPENSATION

*(a sampling of
screens, forms and
reports)*

WORKERS' COMPENSATION PRACTICE AREA SCREENS: GENERAL TAB

of Dependents Under 18:

Number of Dependents under the age of 18

ACT?:

Does this action fall under the Workers' Comp Act? Yes or No

Adjuster:

Name of Adjuster

Age at Time of Injury:

Age at time of injury

AOO ICO?:

Does the action Arising Out of and IN the Course of pet's employment

Appeal No.:

Appellate Court Case Number (if any)

Arbitrator:

Name of Arbitrator

Circuit No.:

Circuit Court Case Number

Claim No(s):

Claim Numbers - multiple claim numbers can be stored

Date Notified:

Date employer is notified of petitioner's injury

Date(s) of Loss:

Date of Loss or Multiple Dates of Loss

Employer/Employee Rel. Existed?:

Does an employee/employer relationship exist Yes or No?

IIC Number:

Industrial Commission Court Case Number

Editing Worker's Comp-WCTEST/WCTEST002

Edit Help

General | Employment | Incident | Settlement | Budget Notes

Arbitrator	MOORE, CYNTHIA	SS#	022-333-888
Adjuster	HERNANDEZ, ANEL	IIC Number	
Petitioner	DUNCAN, ANN J.	Circuit No.	
Respondent	SPRINTIS, DAVID	Appeal No.	
Petitioner's Atty	RAMEY, JIM	Supreme No.	
WC Court No(s)	WC45645645		
Date(s) of Loss	01/04/02		
Claim No(s)	45454545		
Venue	CHI	Chicago (Misc. Chicago Appt. L	
ADD ICQ?	<input type="checkbox"/>	ACT?	<input type="checkbox"/>
		Employer/Employee Rel. Existed?	<input type="checkbox"/>
Date Notified		Written Notice?	<input type="checkbox"/>
		Verbal Notice?	<input type="checkbox"/>
Petitioner's DOB	01/28/74	Subro?	<input type="checkbox"/>
Marital Status		Age at Time of Injury	
Pldg Style		# of Dependents Under 18	

OK Cancel

- Marital Status:** Marital Status
- Petitioner:** Name of Petitioner
- Petitioner's Atty:** Name of Petitioner's Attorney
- Petitioner's DOB:** Petitioner's Date of Birth
- Pldg Style:** Pleading Style - Court Case Style - Used on Pleadings and Motions
- Respondent:** Name of Respondent
- SS#:** Social Security Number (PETITIONER'S SS#)
- Subro?:** Is there a Subrogation aspect to case? Yes or No
- Supreme No.:** Supreme Court Case Number - the system tracks the court case numbers from the lower court all the way to the Supreme Court.
- Venue:** Workers Compensation Case Venue
- Verbal Notice?:** Has Verbal notice been given? Yes or No
- WC Court No(s):** Workers Compensation Case Number
- Written Notice?:** Has Written notice been given to employer? Yes or No

WORKERS' COMPENSATION PRACTICE AREA SCREENS: EMPLOYMENT TAB

Weeks TTD Paid: Number of weeks Total Temporary Disability paid to date

Average Weekly Wage: Average weekly wage of the petitioner at the time of the accident.

Causal Connections?: Is the accident causally related to petitioner's employment Yes or No

Claimed Lost Time: Amount of time lost according to the petitioner

Date of Hire: Date of Hire

Employee receiving TTD?: Is the employee receiving Total Temporary Disability? Yes or No

Medical Expenses Paid?: Are medical expenses being paid for the injured party? Yes or No?

Nature and Extent?: A detailed description of the nature and extent of the injury

Position: Employee's position at the company

PPD Rate: Rate of Permanent Partial Disability

Return to Work Date: Return to Work Date

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Edit Help

General Employment **Incident** Settlement Budget Notes

How Did Accident Occur?
worker was driving delivery car from the home office to a manufacturing plant in Oakdale. The weather was rain and snow. Car slid into truck. User was unconscious. Ambulance arrived in 45 minutes.

Nature of Injury
leg fractured in three places arm fractured

Body Part Affected
arm leg

Location of Accident
Main Street and Oak Street

City and State of Accident
Chicago IL

Necessary Med Services Provided? Employee Returned to Regular Job

IME (Resp)
Name

IME (Pet)
Name

Providers of Records
Name

OK Cancel

TTD End Date: Ending date of Temporary Total Disability - benefits temporarily due to injured workers while they are off work.

TTD Rate: Rate of Pay for Temporary Total Disability.

TTD Start Date: Beginning date of Temporary Total Disability

WORKERS' COMPENSATION PRACTICE AREA SCREENS: INCIDENT TAB

Body Part Affected: Which body part(s) are affected?

City and State of Accident:
City and State of Accident

Employee Returned to Regular Job:
Has the employee returned to their regular job? Yes or No

How Did Accident Occur?:
Description of how the accident occurred

IME (Pet): Independent medical examiner hired by the Petitioner. Both the Petitioner and the Respondent are entitled to their own expert.

IME (Resp): Independent medical examiner hired by the Respondent. Both the Petitioner and Respondent are entitled to their own expert.

Location of Accident: Exact location of the accident

Nature of Injury: Description nature of the injury

Editing Worker's Comp-WCTEST/WCTEST002

Edit Help

General | Employment | Incident | Settlement | Budget Notes

Settlement Demand: 50,000.00 Settlement Offer: 30,000.00

Total Amt of Settlement: 37,500.00 EstReserveValue: 0.00

IIC Credits: [] Revised Date: []

Fatal Case? Date of Death: []

Amt Paid by Res to Date: [] Authority: 32,000.00

Number of Weeks: 22 Authority Date: 10/3/2007

Percent MAW: [] Authority Terms: CMS required

Settlement Contract Date: [] Box No.: []

PerCent Loss(s) of Use: []

Settlement Terms: []

OK Cancel

WORKERS' COMPENSATION PRACTICE AREA SCREENS: SETTLEMENT TAB

Amt Paid by Res to Date:

Amount paid to Respondent to Date

Authority:

Monetary amount of authority extended by client/insurance company

Authority Date:

Date authority received from client/insurance company

Authority Terms:

Terms of authority extended - additional terms of the agreement beyond the dollar value

Box No.:

Box Number used on boxes of firm files, when archived. Can be used to retrieve all files related to the case from Archives

Date of Death:

Date of Death

EstReserveValue:

Estimated Reserve Value - amount to be held in reserve

Fatal Case?:

Is this a fatal case? Yes or No

IIC Credits:

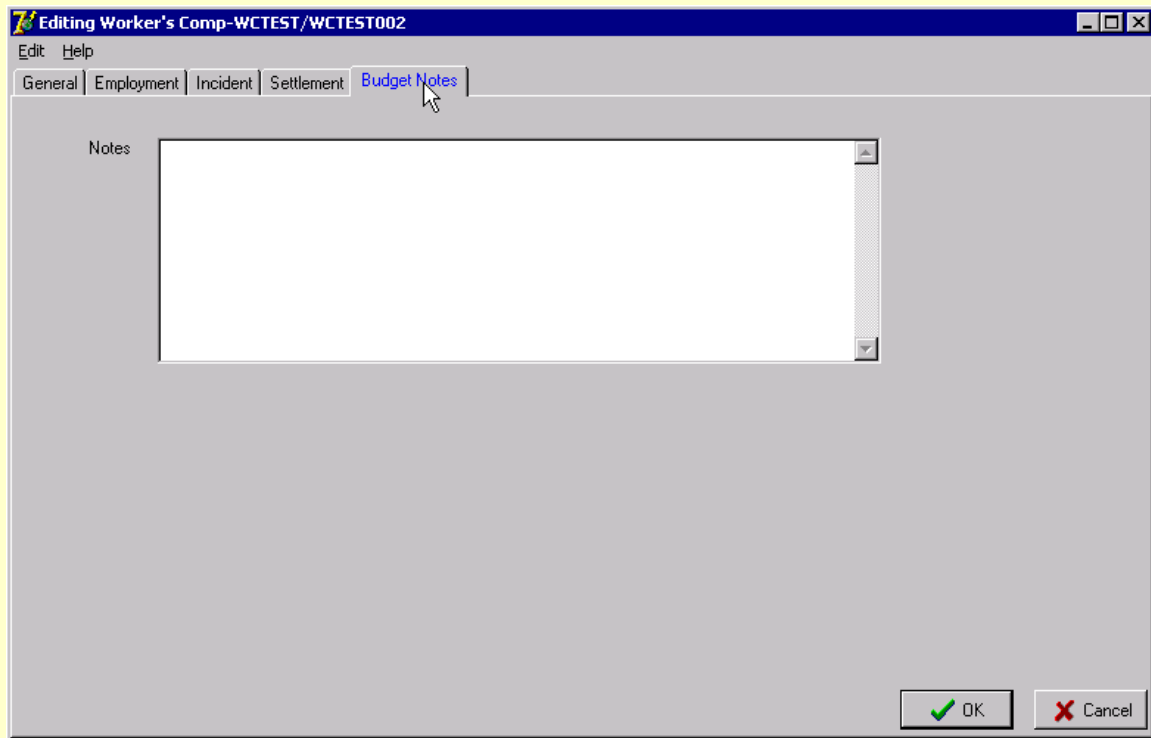
Amount of prior settlements received by petitioner

Number of Weeks:

No. of weeks settlement monies represent

Percent Loss(s) of Use:

Percentage Loss of Use of body part. Can be used to enter a percentage of loss of use for each injury- e.g. 20% loss of right arm



- Percent MAW:** Percentage loss of use of Man as a whole
- Revised Date:** Date settlement authority revised from original
- Settlement Contract Date:**
If a settlement is filed, what date was used on the contract?
- Settlement Demand:** Petitioner's settlement demand
- Settlement Offer:** Respondent's settlement offer
- Settlement Terms:** Settlement Terms
- Total Amt of Settlement:**
Final/total Settlement Offer

WORKERS' COMPENSATION PRACTICE AREA SCREENS: BUDGET NOTES TAB

- Notes:** Used to store attorney and paralegal notes re budgeting.

WORKERS' COMPENSATION SAMPLE MERGE FORM

With the PerfectLaw Document Assembly feature, merge forms can be created for common correspondence. So, welcome letters, settlement letters and more can be automatically setup to merge with part and case information.

Party and case information merges automatically

Refer Correspondence To:
Brian J. Benoit
E-mail Address:

October 1, 2007

Mr. Anel Hernandez
Executive Data Systems
Main Street
Chicago, IL 33333

RE: Jones, Paul v. XYZ Corporation
Claim No. 45454545
Court No. WC45645645
D/A: 01/04/02

Dear Mr. Hernandez:

Enclosed please find the approved lump sum settlement contract in the above captioned case. Upon receipt of the settlement documentation, I would ask that a draft be issued in the amount of \$37,500.00 payable to petitioner and his attorney, and in care of Jim Ramey, 4444 Oak Street, Chicago, IL, 33333. The settlement draft should be forwarded to Attorney Anel Hernandez no later than November 15, 2007. Our final bill for legal services rendered will shortly follow. Thank you kindly for this referral.

Very truly yours,

BOND & BOND, LTD.

BJBWM

Enclosure: three copies of contract and settlement check

cc:

WORKERS' COMPENSATION SAMPLE MERGE FORM

With the PerfectLaw Document Assembly feature, merge forms can be created for common correspondence. In addition to standard correspondence sent to clients, firms can also create internal summary documents containing general case information and more.

WORKERS COMPENSATION CASE DETAIL GENERAL INFORMATION	
Arbitrator	Ms. Cynthia Moore PerfectLaw Software Chicago, IL33333
SS#	022-333-888
Adjuster	Mr. Anel Hernandez Executivve Data Systems Main Street Chicago, IL33333
IIC Number	
Petitioner	Ms. Ans J. Duncan PerfectLaw Software 333 Main Street Suite 333 Chicago, IL44444
Circuit No	
Responden	Mr. David Sprintis Executive Data Systems 444 main Street Chicago, IL33333
Appeal No	
Petitioner's Atty	Mr. Jim Ramey PerfectLaw Software 4444 Oak Street Chicago, IL33333
Supreme No.	
WC Number	WC45645645
Date of Loss	01/04/02
Claim No.	45454545
Venue	LAS
AOO ICO?	N
ACT?	N
Employer/Employee Relationship	N
Date Notified	
Written Notice?	N
Verbal Notice?	N
Subrogation?	N

WORKERS' COMPENSATION SAMPLE REPORTS

With PerfectLaw, users can print docket reports based on various parameters. With filtering options such as attorney, date and more, users can easily generate a docket report with only the critical information needed.

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Run: 10/01/07 9:09:27 AM

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DocketM.rtm

WC Docket by Venue and Meeting Attorney

6/21/2010 to 6/21/2010
MeetAtty: BJB Venue:

0

Line#	Resp Atty	Matter	Matter Name	Court No.	Comment
6/21/2010					
No Location Code					
022	BJB	WCTEST001	Smith, John v. ABC Corporation	A0434567	Appearance at Illinois Workers' Compensation Commission in Chicago before Arbitrator
TOTAL THIS VENUE:			1		

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WC Docket By Responsible Attorney

6/20/2010 to 12/31/2029
15

Line#	Resp Atty	Venue	Client	Matter	Matter Name	Court No.	Time	Comment
BJB Brian J. Bond								
6/21/2010								
No Location Code								
022	BJB		WCTEST\WCTEST001	Smith, John v. ABC Corporation	A0434567	1000		Appearance at Illinois Workers' Compensation Commission in Chicago before Arbitrator
TOTAL THIS VENUE:				1				

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WC Docket By Venue & Line Number

6/21/2010 to 6/21/2010
Venue:

0

Line#	Resp Atty	Matter	Matter Name	Court No.	Comment
6/21/2010					
No Location Code					
022	BJB	WCTEST001	Smith, John v. ABC Corporation	A0434567	Appearance at Illinois Workers' Compensation Commission in Chicago before Arbitrator
TOTAL THIS VENUE:			1		