



Re: Worker's Compensation Intake Forms

Dear Sir or Madam:

Enclosed please find our worker's compensation intake forms. Please fill out the intake forms to the best of your ability including your personal information, your employment information, your injury information, and the names and addresses of the doctors or clinics that you have visited for your injury.

I have enclosed two medical authorizations and an employment authorization. I will need you to sign these so that we may obtain your medical records needed to pursue this case. Please sign the authorizations, but **do not date them**. We will fill in the necessary information for the authorizations, we just need you to sign them.

Lastly, enclosed you will find the Worker's Compensation Retainer Contract and a Hearing Application. Please sign and date the retainer contract and sign the Hearing Application. Please **do not date** the Hearing Application. If you should have any questions regarding this, please call me.

Please send your completed documents back to me in the postage-paid envelope I have enclosed.

Very truly yours,

DERZON & MENARD, S.C.

Robert C. Menard  
RCM/rnd  
Enclosures

ALAN L. DERZON ROBERT C. MENARD MONIKA A. HARTL

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