

LAW OFFICES OF JOHN G. KIWAN
A Professional Corporation

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INTAKE QUESTIONNAIRE

Today's Date: _____ Date of Injury: _____
Injured Worker's Name: _____ Phone No. Home: _____
Do You Need an Interpreter? Yes No Phone No. Cell: _____
If yes, what language? _____ Email: _____
Address: _____ City: _____ State: _____ Zip: _____
Social Security No.: _____ Date of Birth: _____
Employer at Time of Injury: _____ Employer's Phone No.: _____
Length of Employment: _____
Employer's Address: _____ City: _____ State: _____ Zip: _____
Job Title: _____ Hourly Rate: _____ Hours Worked: _____
Job Duties: _____

Did You Report Injury? Yes No To Whom? _____ Date: _____

Out of Work Due to Injury Beginning Date: _____ End Date: _____

Parts of Body Injured: _____

Description of Injury: _____

Were There Any Witnesses? Yes No Name(s): _____

Insurance Company: _____ Ins. Co. Phone No.: _____

Ins. Co. Address: _____ City: _____ State: _____ Zip: _____

Name of Adjuster: _____ Claim No.: _____

Are You Receiving Any TTD Benefits? Yes No If Yes, Amount? _____

Are You Working Another Job? Yes No If Yes, Name of Other Employer(s) _____

Who Referred You to This Office? _____

MAKING A FALSE OR FRAUDULENT WORKERS' COMPENSATION CLAIM IS A FELONY SUBJECT TO UP TO ONE (1) YEAR IN PRISON OR A FINE OF UP TO FIFTY THOUSAND DOLLARS (\$50,000) OR DOUBLE THE VALUE OF THE FRAUD WHICHEVER IS GREATER OR BY BOTH IMPRISONMENT AND FINE.

I declare under penalty of perjury that the above is true and correct.

Printed Name Of Client

Signature of Client