

USE THIS FORM IF YOU HAVE NO CASE NUMBER

WCAB - DATA ENTRY SHEET

DATE OF INJURY: _____

SSN: _____

DATE OF BIRTH: _____

Applicant (Employee)

Address

Attorney for Applicant

Address

Correct Name of Employer

Address

Correct Name of Insurance Carrier

Address

Attorney for Carrier

Address

This DATA ENTRY SHEET must be attached to all original filings of Applications, Pre-Application Petitions, etc.

FILL IN ALL BLANKS. IF NONE, SO INDICATE.