

Date Assigned: _____
 Due Date: _____
 Case Calendar (if applicable)
 - Hearing
 - Deposition
 - Medical
 When/Where: _____

Ludwig & Associates

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See Below for Stockton and Redding Contact Info

For Office Use Only:	
L&A File #:	_____
History:	_____ ANI: _____
Typed By:	_____

CLAIM / CLAIMANT INFORMATION		WORK REQUESTED	
Claim#	Date of Injury:	___ AOE/COE ___ Sub-rosa ___ 132A ___ S&W Other: _____	
Claimant Name:		OBTAIN:	
Residence Street Address:		DESCRIPTION INFO:	
City/State/Zip:		Release Authorizations	Age: Sex:
Residence Phone:		Personnel File	Race:
Other Phone:		Medical Records	Height: Weight:
SSN:	DOB:	Job Analysis	Hair Description:
CDL/State:	Occupation:	SS Trace	Eye Color:
Type of Injury:	WCAB Index	Court Index	Glasses?
WCAB#:	Applicants Attorney:	STATEMENTS:	
		Claimant	Married:
		Witness/Co-worker	Kids:
		Recorded	Tattoos/Other:
			Known Vehicles:
CLIENT / BILLING INFORMATION		OTHER:	
Referred By: (Name & Co.)	Phone:	EMPLOYER INFORMATION	
Original Report to:		Employer:	
Address:		Employer Address:	
2 nd Copy of Report to:		Employer Contact:	
		Title:	Phone:
Authorized Time / Dollar Amount:	Special Billing Instructions:		

Case Instructions/Information:

Upon completing this form, save as a document and attach to your e-mail – OR – Mail/Fax.

STOCKTON & REDDING AREA CONTACT INFO: PH: (800) 350-4445 FAX: (800) 353-4167 E-Mail: Ludwiginv@aol.com
 All Mail to: Sacramento Office P.O. Box 2510, Fair Oaks, CA 95628-9510

Thank You for Choosing Ludwig & Associates!