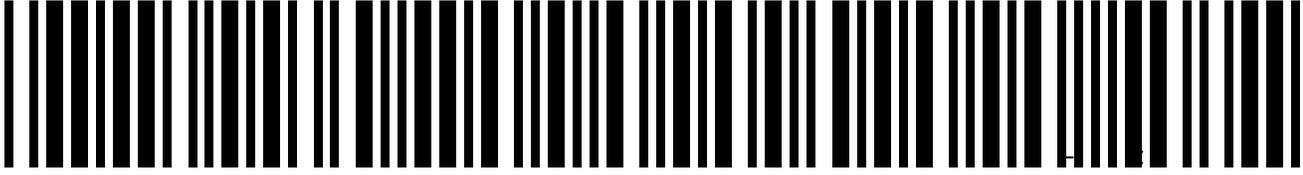


STATE OF CALIFORNIA
DWC DISTRICT OFFICE

COVER SHEET



Is this a new application? Yes No Companion Cases Exist Walk Thru Yes No

More than 15 Companion Cases

SSN: _____

Date: (MM/DD/YYYY)

Case Number Specific Injury _____
Start Date: MM/DD/YYYY End Date: MM/DD/YYYY

Cumulative Injury (If Specific Injury, use the start date as the specific date of injury)

Body Part 1 : _____ Body Part 2 : _____

Body Part 3 : _____ Body Part 4 : _____

Other Body Parts : _____

Please check unit to be filed on (check only one box)

ADJ DEU SIF UEF VOC INT RSU

Companion Cases

Case Number1 Specific Injury _____
Start Date: MM/DD/YYYY End Date: MM/DD/YYYY

Cumulative Injury (If Specific Injury, use the start date as the specific date of injury)

Body Part 1 : _____ Body Part 2 : _____

Body Part 3 : _____ Body Part 4 : _____

Other Body Parts : _____

_____ Specific Injury _____
Case Number2 Start Date: (MM/DD/YYYY) End Date: (MM/DD/YYYY)
 Cumulative Injury (If Specific Injury, use the start date as the specific date of injury)

Body Part 1 : _____ Body Part 2 : _____
Body Part 3 : _____ Body Part 4 : _____
Other Body Parts : _____

_____ Specific Injury _____
Case Number3 Start Date: (MM/DD/YYYY) End Date: (MM/DD/YYYY)
 Cumulative Injury (If Specific Injury, use the start date as the specific date of injury)

Body Part 1 : _____ Body Part 2 : _____
Body Part 3 : _____ Body Part 4 : _____
Other Body Parts : _____

_____ Specific Injury _____
Case Number4 Start Date: MM/DD/YYYY End Date: MM/DD/YYYY
 Cumulative Injury (If Specific Injury, use the start date as the specific date of injury)

Body Part 1 : _____ Body Part 2 : _____
Body Part 3 : _____ Body Part 4 : _____
Other Body Parts : _____

_____ Specific Injury _____
Case Number5 Start Date: MM/DD/YYYY) End Date: MM/DD/YYYY)
 Cumulative Injury (If Specific Injury, use the start date as the specific date of injury)

Body Part 1 : _____ Body Part 2 : _____

Body Part 3 : _____ Body Part 4 : _____

Other Body Parts : _____

_____ Specific Injury _____
Case Number6 Start Date: MM/DD/YYYY) End Date: MM/DD/YYYY)
 Cumulative Injury (If Specific Injury, use the start date as the specific date of injury)

Body Part 1 : _____ Body Part 2 : _____

Body Part 3 : _____ Body Part 4 : _____

Other Body Parts : _____

_____ Specific Injury _____
Case Number7 Start Date: MM/DD/YYYY) End Date: MM/DD/YYYY)
 Cumulative Injury (If Specific Injury, use the start date as the specific date of injury)

Body Part 1 : _____ Body Part 2 : _____

Body Part 3 : _____ Body Part 4 : _____

Other Body Parts : _____

_____ Specific Injury _____
Case Number8 Start Date: MM/DD/YYYY) End Date: MM/DD/YYYY)
 Cumulative Injury (If Specific Injury, use the start date as the specific date of injury)

Body Part 1 : _____ Body Part 2 : _____

Body Part 3 : _____ Body Part 4 : _____

Other Body Parts : _____

_____ Specific Injury _____
Case Number9 Start Date: MM/DD/YYYY) End Date: MM/DD/YYYY)
 Cumulative Injury (If Specific Injury, use the start date as the specific date of injury)

Body Part 1 : _____ Body Part 2 : _____

Body Part 3 : _____ Body Part 4 : _____

Other Body Parts : _____

_____ Specific Injury _____
Case Number10 Start Date: MM/DD/YYYY) End Date: MM/DD/YYYY)
 Cumulative Injury (If Specific Injury, use the start date as the specific date of injury)

Body Part 1 : _____ Body Part 2 : _____

Body Part 3 : _____ Body Part 4 : _____

Other Body Parts : _____

Case Number11

Specific Injury

Start Date: MM/DD/YYYY)

End Date: MM/DD/YYYY)

Cumulative Injury

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1 :

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

Case Number12

Specific Injury

Start Date: MM/DD/YYYY)

End Date: MM/DD/YYYY)

Cumulative Injury

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1 :

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

Case Number13

Specific Injury

Start Date: MM/DD/YYYY)

End Date: MM/DD/YYYY)

Cumulative Injury

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1 :

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

_____ Specific Injury _____
Case Number14 Start Date: MM/DD/YYYY End Date: MM/DD/YYYY

Cumulative Injury (If Specific Injury, use the start date as the specific date of injury)

Body Part 1 : _____ Body Part 2 : _____

Body Part 3 : _____ Body Part 4 : _____

Other Body Parts : _____

_____ Specific Injury _____
Case Number15 Start Date: MM/DD/YYYY End Date: MM/DD/YYYY

Cumulative Injury (If Specific Injury, use the start date as the specific date of injury)

Body Part 1 : _____ Body Part 2 : _____

Body Part 3 : _____ Body Part 4 : _____

Other Body Parts : _____