

INJURED AT WORK?

Hager Law is devoted to helping those who are suffering from a workplace injury get all of the resources they need to recover quickly and get back to work!

WORK INJURY CLAIM FORM

1 WORKER'S DETAILS

Title Family name

Given names

Other known or previous legal names eg. Maiden names

Date of birth Gender Male Female

Postcode

address for correspondence

What are your daytime contact phone numbers?
Mobile Phone

E-mail address

If you need an interpreter, what language do you speak?

Do you have special communication needs?
eg. Hearing or vision impaired

These questions are required
PARAMEDIC ONLY
If yes, what were their gross weekly earnings?
Do you support any children or full-time students?
If yes, please provide details.

If you did not report the injury, please explain why.

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