

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 have special communication needs?
eg. Hearing or vision impairment

These questions are required for PARAME DIC ONLY

Do you support a partner?
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 respond, please explain

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