

ATTORNEY PETERSON LAW OFFICES  
2411 S BROADWAY  
MENOMONIE WI 54751

WC CLAIM NO: 9999-999999  
INJURY DATE: 05/01/85  
EMPLOYEE: SAMPLE-SIMPLES, SAMPLE  
EMPLOYER: SAMPLE EMPLOYER INC  
INSURER NO:

IF YOU CALL OR WRITE US  
PLEASE USE WC CLAIM NO.

We recently received a certified report. The Division of Hearings and Appeals requires attorneys, self-insured employers or insurance carriers to send copies of all certified Department of Workforce Development forms, which they wish to make part of the record, to the Division and all adverse parties. If you wish to offer this report into evidence at the hearing, you must forward a copy to all adverse parties.

Division of Hearings and Appeals  
Office of Worker's Compensation Hearings

GL34 (R. 01/2016)