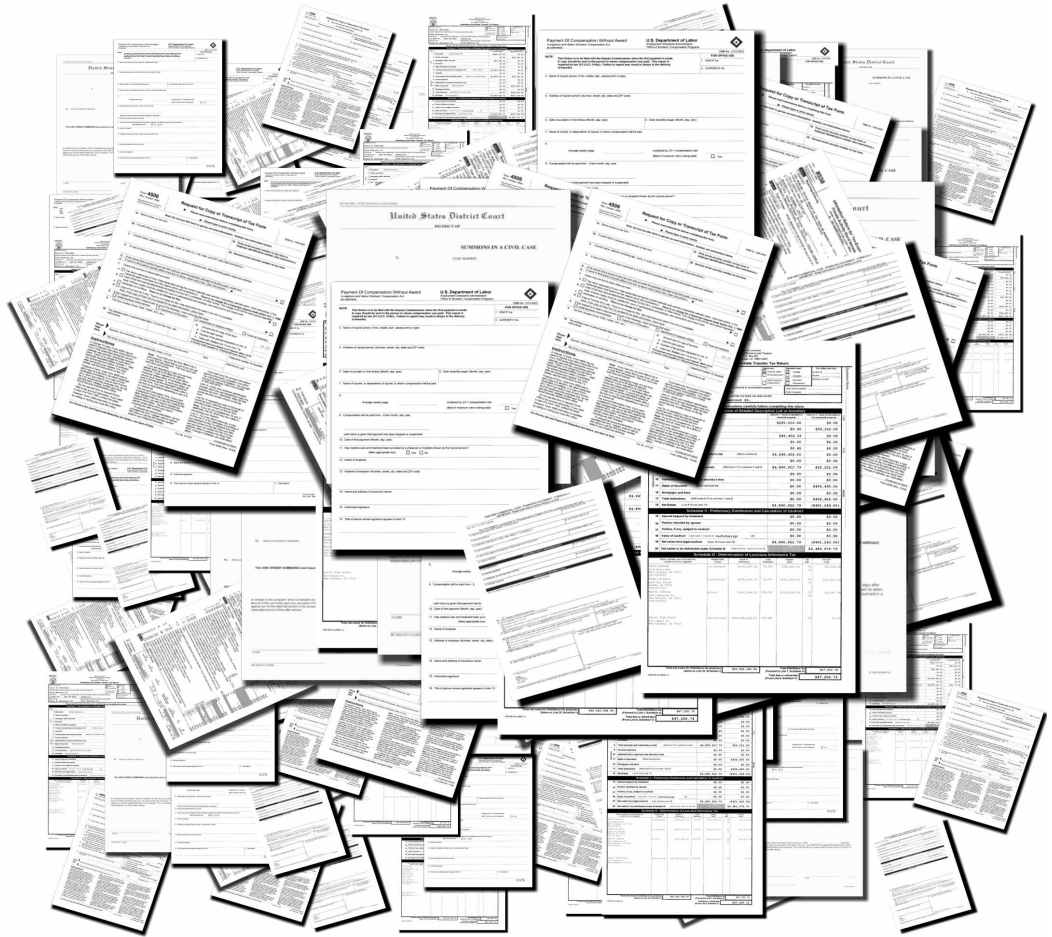
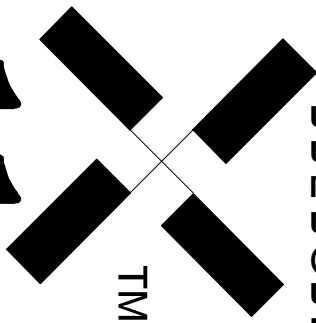


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- Summons in a Civil Action AO-440
- Civil Third Party Summons AO-441
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- Waiver of Service of Summons AO-399
- Consent to Proceed Before a Magistrate Judge
- Request for Subpoena
- Request for Summons
- Subpoena in a Criminal Case AO-89
- Criminal Deposition Subpoena AO-90
- Appearance AO-458
- Exhibit List AO-187
- Application to Proceed in Forma Pauperis AO-240
- Certification of Judgment for Registration in Another District AO-451
- Bill of Costs AO-133
- Civil Cover Sheet JS-44 S.D. NY
- Civil Cover Sheet JS-44 N.D. GA
- Minute Order Form N.D. IL
- TIS Form E.D. MO
- Original Filing Form E.D. MO
- Application and Order of Admission E.D. GA
- Notice of Appeal S.D. CA
- Certification of Signature
- CIS Form N.D. OH
- Stipulation for Dismissal/Leave to Plead/Etc. N.D. OH
- Receipt for Removal N.D. OH
- Praecipe N.D. OH
- Certificate of Judgment Lien N.D. OH

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8038-G Information Return for Tax-Exempt Governmental Obligations
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8038-T Arbitrage Rebate and Penalty in Lieu of Arbitrage Rebate

Bureau of Public Debt SLGS..... \$129.00

PD F 4144 Time Deposit Securities Subscription
PD F 4144-1 Time Deposit Securities Account Information
PD F 4144-2 Time Deposit Securities Schedule of Certificates of Indebtedness
PD F 4144-3 Time Deposit Securities Schedule of US Treasury Notes
PD F 4144-4 Time Deposit Securities Schedule of US Treasury Bonds
PD F 5291 Special Zero Subscription
PD F 5291-1 Special Zero Account Information
PD F 5291-2 Special Zero Schedule of Certificates of Indebtedness
PD F 5291-3 Special Zero Schedule of Treasury Notes

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- Affidavit as to Military Service (CCG-4)
- Affidavit for Garnishment (Non-Wage) (CCL-24)
- Affidavit for Service by Publication (CCG-13)
- Affidavit for Wage Deduction Order (CCM1-133)
- Answer to Citation Proceeding (CCM1-128)
- Appearance & Jury Demand (CCG-9)
- Attachment Bond (CCG-72)
- Certificate of Mailing Citation (CCG-0643)
- Citation Notice (CCG-0648)
- Citation to Discover Assets (CCG-5)
- Garnishment (Non-Wage) Notice (CCG-0646)
- IRS 4506 Request for Copy of Tax Form
- Jury Demand (CCG-67)
- Memorandum of Judgment (CCG-15)
- Motion General Form (CCMD-39)
- Notice of Hearing for the Issuance of an Order of Replevin (CCM1-62)
- Order (CCG-81)
- Order for Possession (CCM1-0114)
- Order to Dismiss by Stipulation (CCM-1-121)
- Release (Satisfaction) of Judgment (CCG-8)
- Release Medicals
- Release Prior Employers
- Release SSA
- Release VA
- Satisfaction Release of Judgment (CCG-8A)
- Stipulation for Installment Payments of Judgment and Costs (CCM1-92)
- Stipulation to Dismiss Action (CCM-1-117)
- Subpoena (CCG-6)
- Subpoena for Deposition (CCG-14)
- Summons (CCG-1)
- Summons After Conditional Judgment (CCMI-26B)
- Wage Deduction Notice (CCM1-129A)

DOMESTIC & PROBATE

- Appearance (Domestic) (CCDR 0004)
- Application for Child Support Enforcement Services
- Application to Proceed Under Rule 298 (CCDR-16-A)
- Asset Disclosure Statement (CCDR 0604)
- Case Management Order (CCDR 0605A)
- Certification & Agreement by Counsel (CCDR-0104)
- Copy of Will (CCP-317)
- Domestic Relations Cover Sheet (CCDR 0601)
- Financial Disclosure Statement (CCDR 0606)
- IRS 4506 Request for Copy of Tax Form
- Judgment for Joint Simplified Dissolution of Marriage (CCDR 21)
- Motion & Order to Vacate Dismissal Within 30 Days (CCDR-7)
- Motion for Appointment of Special Process Server (CCDR-3)
- Notice of Motion, Wage Ded. Exemption Hearing (CCDR-109)
- Notice to Heirs and Legatees (CCP-1001)
- Oath & Bond of Representative - No Surety (CCP-313)
- Oath & Bond of Representative - Surety (CCP-312)
- Order (CCG-81)
- Order Admitting Will to Probate & Appointing Rep. (CCP-319)
- Order Declaring Heirship (CCP-305)
- Order of Commitment (CCCH-0015)
- Order to Suspend Driving Privileges (CCDR-0607)
- Order, Focus on Children (CCDR 0602)
- Orders of Continuance, Transfer and Dismissal (CCDR-0015)
- Petition for Letter of Administration to Collect (CCP-301)
- Petition for Probate of Will and for Letters Test. (CCP-315)
- Petition to Convert to Independent Administration (CCP-1013)
- Praecipe for Divorce (CCDR 0003A)
- Release of Estate's Interest in Real Estate (CCP-1016)
- Stipulation & Request to Hear Uncontested Cause in Suburban District (CCCH-102)
- Subpoena (CCG-6)
- Subpoena for Deposition (CCG-14)
- Summons (CCG-1)

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Confession of Judgment
Criminal Traffic Continuance Request
Friday Motions Day – Praecipe / Notice
Garnishment Praecipe
Garnishment Summons
Interrogatories and Production of Documents Subpoena
Interrogatories Subpoena
Law Case Cover Sheet
Levy Request
Motion for Bond Reduction
Order for Payment
Order Restoring Driving Privilege – Habitual Offender
Petition for Hearing From DMV – Determination of Habitual Offender Status
Petition for Reinstatement of Driving Privilege
Request for Court Action – Civil Division
Request for Hearing – Garnishment Exemption Claim
Request for Hearing – Exemption Claim
Request for Witness Subpoena
Response to Motion
Show Cause Order Against Co-Defendant
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Suggestion for Summons in Garnishment
Summons for Hearing
Tenant's Assertion and Complaint
Waiver Notice
Warrant in Debt

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- LS-1 Request for Examination and/or Treatment
 - LS-18 Pre-Hearing Statement
 - LS-33 Approval of Compromise of 3rd Person Cause of Action
 - LS-200 Report of Earnings
 - LS-201 Notice of Employee's Injury or Death
 - LS-202 Employer's First Report of Injury
 - LS-203 Employee's Claim for Compensation
 - LS-206 Payment of Compensation Without Award
 - LS-207 Notice of Controversion
 - LS-208 Final Payment or Suspension
 - LS-210 Employer's Supplementary Report of Accident or Occupational Illness
 - LS-226a Subpoena Duces Tecum
 - LS-242 Notice of Self Insurance
 - LS-262 Claim for Death Benefits
 - LS-265 Certification of Funeral Expenses
 - SSA-7050 Request for Social Earnings Information
 - IRS-4506 Request for Copy of Tax Form
-
- 52 Week Wage Statement
 - Medical Records Release
 - Prior Employer Records Release
 - VA Records Release
 - SSA Records Release
 - USDOL Records Release

Arizona Workers' Comp.

Forms included in Arizona Workers' Comp..... \$179.00

- ICA 04-0101 Employer's Report of Industrial Injury
- ICA 04-0102 76 Worker's & Physician's Report of Injury
- ICA 04-0103 80 Notice of Supportive Medical Maintenance Benefits
- ICA 04-0104A Notice of Claim Status
- ICA 04-0105-80 Notice of Suspension of Benefits
- ICA 04-0106-80 Notice of Permanent Disability or Death Benefits
- ICA 04-10786 Notice of Permanent Disability and Request for Determination of Benefits
- ICA 04-0108-75 Recommended Average Monthly Wage Calculation of Carrier
- ICA 04-0110-A Worker's Annual Report of Income
- ICA 04-0110-B Notice of Intent to Suspend
- ICA 04-0407 Worker's Report of Injury
- ICA 04-0446-75 Request for Hearing
- ICA 04-0528-83 Petition to Reopen Based on New, Additional or Previously Undiscovered Disability or Condition
- ICA 04-0529-71 Petition for Rearrangement or Readjustment of Compensation

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California Workers' Comp.

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| DWC Form 1 | Employee's Claim for Workers' Compensation Benefits |
| DWC Form 3 | Disclosure Statement (1/1/90) |
| DWC Form 4 | Request for Expedited Hearing and Decision |
| DWC Form 36 | Substitution of Attorneys |
| DWC Form RU-90 | Treating Physician's Report of Disability Status |
| DWC Form RU-90 SP | Informe Del Medico Sobre La Condicion De Incapacidad |
| DWC Form RU-91 | Description of Employee's Job Duties |
| DWC Form RU-91 SP | Descripcion De Las Tareas Exigidas Por El Trabajo Del Empleado |
| DWC Form RU-94 | Notice of Offer of Modified or Alternate Work |
| DWC RU-101 | Case Initiation Document (12/90) |
| DWC RU-101 SP | Documento Para Iniciar El Caso (12/90) |
| DWC RU-103 | Request for Dispute Resolution |
| DWC RU-104 | Employee Request for Order of Vocational Rehabilitation Services |
| DWC RU-105 | Notice of Termination of Vocational Rehabilitation Services |
| DWC RU-107-A | Employee Statement of Declination of Vocational Rehabilitation |
| Services | |
| DWC RU-107-A SP | Declaracion Del Empleado De Rechazo De Servicios Vocacionales De Rehabilitacion (1/94) |
| DWC WCAB Form 10 | Workers' Compensation Appeals Board (REV 7/81) |
| WCAB Form 3 | Stipulations with Request for Award |
| WCAB Form 4 | Stipulations with Request for Award |
| WCAB Form 8 | Petition for Appointment of Guardian ad Litem and Trustee |
| WCAB Form 9 | Declaration of Readiness to Proceed |
| WCAB Form 15 | Compromise And Release |
| WCAB Form 16 | Compromise And Release (Dependency Claim) |
| WCAB Form 30A | Pre-Application Discovery Order (Rev 2/91) |
| WCAB Form 31 | Pet. for Order Allowing Pre-Application Atty. Fee and Order (Rev 2/91) |
| WCAB Form 37 | Notice of Dismissal of Attorney |
| WCAB Form 45 | Petition for Reconsideration (REV 3-76) |
| Form 5020 | Employer's Report of Occupational Injury or Illness |
| Form 5021 | Doctor's First Report of Occupational Injury or Illness (Rev 4) |
| IRS 4506 | Request for Copy of Tax Form |
| DEU 100 | Employee's PD Questionnaire |
| DEU 101 | Request for Summary Rating Determination |
| DEU 102 | Physician's Report |
| DIA Form RB-105 | Request for Conclusion of Rehabilitation Benefits |
| DIA WCAB Form 1 | Application for Adjudication of Claim (REV 7/81) |
| DIA WCAB Form 2 | Application for Adjudication of Claim (Death Case) |
| DIA WCAB 30 | Subpoena (Rev 06/94) |
| DIA WCAB 32 | Subpoena Duces Tecum (Rev 06/94) |
| DIA WCAB Form 36 | Substitution of Attorneys (REV 10-74) |
| DIA WCAB Form 42 | Petition to Reopen (REV 5-76) |
| DIA WCAB Form 43 | Request for Dismissal (REV 11-74) |
| DIA WCAB Form 49 | Petition for Commutation of Future Payments |
| DIA WCAB Form 51 | Order of Dismissal |
| DIA WCAB Form 65 | Order Approving Compromise and Release |

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Colorado Workers' Comp.

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| WC 1 | Employer's First Report of Injury |
| WC 1-A | Average Weekly Wage Worksheet |
| WC 2 | General Admission of Liability |
| WC 4 | Final Admission of Liability |
| WC 12 | Supplemental Report of Accident |
| WC 17 | Election of Remedies |
| WC 20 | Admission - Fatal Case |
| WC 25 | Final Payment Notice |
| WC 54 | Petition to Modify, Terminate, or Suspend Compensation |
| WC 55 | Objection to Petition to Modify, Terminate, or Suspend Compensation |
| WC 62 | Application for Lump Sum |
| WC 74 | Notice of Contest |
| Exhibit B | Wage and Salary Verification |
| A 3831 | Attending Physician's Report |
| Exhibit A | Application for Benefits - Personal Injury Protection |

Connecticut Workers' Comp.

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| | |
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| 1 A | Filing Status and Exemption Form |
| 30 C | Notice of Claim for Compensation |
| 36 | Form Notice to Compensation Commissioner and Employee of Intention to Discontinue or Reduce Payments |
| 42 | Physician's Report of Medical Evaluation - Permanent Medical Impairment |
| 42 | Notice to Compensation Commissioner and Employee of Intention to Contest Liability to Pay Compensation |
| 6 B | Coverage Selection Form for Employee who is an Officer of a Corporation or Manager of a LLC |
| 6 B-1 | Coverage Selection Form for Employees who are Members of a Partnership |
| 75 | Notice to Commissioner of Intention to be Included for Coverage Under the Worker's Compensation Law, or to Revoke Previous Inclusion |
| HR | Hearing Request. |

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| DWC 1 | First Report of Injury or Illness |
| DWC 1a | Wage Statement |
| DWC 3 | Request for Wage Loss/Temporary Partial Benefits |
| DWC 4 | Notice of Action / Change |
| DWC 12 | Notice of Denial |
| DWC 13 | Claim Cost Report |
| DWC 14 | Request for Social security Disability |
| DWC 19 | Employee Earnings Report |
| DWC 30 | Authorization and Request for Unemployment |
| DWC 40 | Statement of Quarterly Earnings for Supplemental Income Benefits |
| DWC 48 | Monthly Risk Class / SIC Code Report |
| DWC 49 | Aggregate Claims Administration |
| DWC 51 | Aggregate Defense Attorney Fee Report |
| DWC-33 | Permanent Total Off-Set Worksheet |
| DWC 35 | Permanent Total Supplemental Worksheet |
| DWC 8 | Notification of Initial Treatment |
| DWC 9a | Maximum Medical Improvement / Permanent Impairment Determination... |
| DWC 10 | Statement of Charges for Drugs and Medical Supplies |

Georgia Workers' Comp.

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| | |
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| WC-1 | Employer's First Report of Injury or Occupational Disease |
| WC-10 | Notice of Election or Rejection of Workers' Compensation Coverage |
| WC-102 | Request for Documents to Parties |
| WC-102(g) | Motion / Objection to Motion |
| WC-102(i) | Notice of Representation of any Party other than a Claimant or Employee By an Attorney |
| WC-102(j) | Attorney Leave of Absence |
| WC-104 | Notice to Employee of Medical Release to Return to Work With Restrictions or Limitations |
| WC-108(a) | Attorney Fee Approval |
| WC-108(b) | Attorney Withdrawal/Lien |
| WC-12 | Request for Copy of Board Records |
| WC-121 | Notice of Use of Servicing Agent |
| WC-14 | Notice of Claim / Request for Hearing / Request for Mediation |
| WC-2 | Notice of Payment or Suspension of Benefits |
| WC-200(a) | Change of Physician/Additional Treatment by Consent |
| WC-200(b) | Request/Objection for Change of Physician/Additional Treatment |
| WC-206 | Notice of Intent to Become a Party at Interest |
| WC-207 | Authorization and Consent to Release Information |
| WC-20a | Medical Report |
| WC-240 | Notice to Employee of Offer of Suitable Employment |
| WC-243 | Credit/Reduction in Benefits |
| WC-244 | Notice of Intent to Become a Part of Interest |
| WC-25 | Application for Lump Sum/Advance Payment |
| WC-26 | Consolidated Yearly Report of Medical Only Cases |
| WC-2(a) | Notice of Payment or Suspension of Death Benefits |

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WC-3 Notice to Controvert
 WC-4 Case Progress Report
 WC-6 Wage Statement
 WC-R1 Request for Rehabilitation
 WC-R2 Rehabilitation Transmittal Form
 WC-R2(a) Individualized Rehabilitation Plan
 WC-R3 Request for Rehabilitation Closure Subpoena

Illinois Workers' Comp.

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IL 563-0003 Application for Adjustment of Claim
 IL 563-0018 Notice of Motion and Order
 IL 563-0002 Settlement Contract Lump Sum Petition and Order
 IL 563-0016 Appearance of Representative
 IL 563-0009 Petition for Immediate Hearing
 IL 563-0007 Response to Petition for Immediate Hearing
 IL 563-0017 Attorney Representation Agreement WC/Occupational Disease
 IL 563-0087 Petition for Review of Decision of Arbitrator and Order for Transcript
 IL 563-0023 Petition for Review of 19(b-1) Decision of Arbitrator
 IL 563-0008 Petition for Review of Agreement or Award Under 19(h) and/or 8(a)...
 IL 563-0019 Petition for Immediate Hearing Under 19(b-1)
 Response to Petition for Immediate Hearing Under 19 (b-1)
 IL 563-0013 Subpoena
 IL 563-0022 Motion
 IL 563-0072 Dedimus Potestatem
 IL 563-0085 Employers First Report of Injury or Illness
 IL 563-0086 Employer's Supplementary or Final Report of Injury or Illness
 IL 563-0010 Substitution of Attorneys
 IL 563-0014 Request for Hearing
 IL 563-0021 Review Proceedings Stipulation Form
 IL 563-0029 By Stipulation - Nature and Extent in Dispute: Memorandum of Decision of Arbitrator
 IL 563-0030 Disputed Claim: Memorandum of Decision of Arbitrator
 IL 563-0031 Rehabilitation Plan
 IL 563-0032 Motion to Dismiss Attorney of Record
 IL 563-0090 Notice to Employees From the State of Illinois

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Indiana Workers' Comp.

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| 1042 | Application for Review by Full Board |
| 1043 | Agreement to Compensation of Employee and Employer |
| 18487 | Application for Adjustment of Claim for Provider Fee |
| 18875 | Agreement to Compensation Btwn the Dependents of Deceased Employee & Employer |
| 2118 | Report of Attending Physician |
| 29109 | Application for Adjustment of Claim |
| 34401 | First Report of Employee Injury/Illness |
| 34873 | Agreement Between Parties for Lump Sum Payment |
| 34877 | Subpoena |
| 38911 | Report of Claim Status / Request for Independent Medical Examination |

Louisiana Workers' Comp.

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| 1002 | Notice of Payment, Modification, Suspension |
| 1003 | Notice that Compensation Payments Stopped |
| 1004 | Request for Social Security Disability Info |
| 1005 | Motion and Order Recognizing SS Offset |
| 1007 | Employer's Report of Occupational Injury |
| 1008 | Disputed Claim for Compensation |
| 1010 | Notice of Payments to Dependents for Death |
| 1011 | Request for Compromise or Settlement |
| 1015 | Request for Independent Medical Exam |
| 1020 | Employee's Monthly Report of Earnings |
| 1025.EE | Employee Certificate of Compliance |
| 1025.ER | Employer Certificate of Compliance |
| 1026 | Employee's Quarterly Report of Earnings |
| HR14 | Claim Petition Answer |
| | Claim Data Form |
| | Request for Waiver of Payment of Advance Costs |
| | Subpoena and Subpoena Duces Tecum (Updated) |
| | Subpoena Duces Tecum for Inspection (Updated) |
| | Subpoena for Deposition and Subpoena Duces Tecum (Updated) |
| | Verification - Attorneys |
| | Affidavit - Defendant's Atty |
| | Affidavit - Plaintiff's |
| | Affidavit - Plaintiff's Atty's |

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Massachusetts Workers' Comp.

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- 101 Employer's First Report of Injury or Fatality
- 110 Employee's Claim
- 113 Agreement to Pay Compensation
- 115 Third Party Claim / Notice of Lien
- 116 Request for Lump Sum Conference
- 116 A Lump Sum Settlement for Proprietor/Partner/Officer
- 116 B Addendum to Lump Sum Settlement
- 116 C Lien Disclosure Form
- 121 Appeal of Conference Proceeding
- 126 Employee's Earnings Report

Michigan Workers' Comp.

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- BWC 100 Employer's Basic Report of Injury
Instructions on Form MDL 1 100
- BWC 104 A Application for Mediation or Hearing - Form A
- BWC 104 B Application for Mediation or Hearing - Form B
- BWC 104 C Application for Mediation or Hearing - Form C
- MDL 1 106 Supplemental Report of Fatal Injury
- BWC 107 Notice of Dispute
- MDL 1 108 Application for Advance Payment
- BWC 110 Report on Rehabilitation
- BWC 113 Redemption Order
- MDL 1 113 A Multiple Carrier Redemption Form
- BWC 114 Application For Reimbursement from the Compensation Supplement Fund
- MDL 1 115 Voluntary Payment Form
- BWC 117 Employee's Report of Claim
- MDL 1 119 Affidavit in Support of Redemption (Settlement) Agreement
- BWC 251 Carrier's Response
- MDL 262 Claim for Review
- MDL 480 Instruction for Complete Form MDL 1 104 A
- BWC 508 Witness Subpoena (And/Or) Subpoena for Production of Records
- BWC 544 Worker's Settlement Statement
- MDL 556 Agreement to Redeem Liability
- BWC 701 Filing Codes for Form BWC 701
- BWC 728 Amputation Chart

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Mississippi Workers' Comp.

Forms included in Mississippi Workers' Comp. Set..... \$179.00

IA-1 First Report of Injury or Illness
MWCC A-16 Notice of Coverage
MWCC B-18 Notice of First Payment of T.T.D. Benefits
MWCC B-19 Application for Lump Sum Payment
MWCC B-31 Notice of Final Payment
MWCC B-5, 11 Petition to Controvert
MWCC B-5, 22 Answer
MWCC B-52 Employer's Notice of Controversion
MWCC B9, 27 Medical Report
MWCC R-1 Early Notification of Severe Injury
MWCC R-2 Referral For Rehabilitation

Missouri Workers' Comp.

Forms included in Missouri Workers' Comp. Set..... \$179.00

WC 1 EDI Report of Injury
WC 1A Notice and Acknowledgement of Right to WC Benefits
WC 2 Receipt and Notice of Termination of Compensation
WC 3 Notice of Commencement of Compensation Payments
Form 9 Surgeon's Report
WC 11 Application for Review
WC G 11 Stipulation for Compromise Settlement
WC 21 Claim for Compensation
WC 22 Answer to Claim for Compensation
WC 43 Authorization to Inspect and/or Copy Medical Records

New Hampshire Workers' Comp.

Forms included in New Hampshire Workers' Comp. Set..... \$179.00

6 WC Notice of Workers' Compensation Insurance Coverage
8 WC Employer's First Report of Occupational Injury or Disease
8-A WCA Notice of Accidental Injury or Occupational Disease
9 WCA-2 Application for Reimbursement
13 WCA Employer's Supplemental Report of Injury
75 WCA-1 Medical Form
76 WCA Wage Schedule
76 WCA-1 Supplemental Wage Schedule
N.H. Workers' Compensation Task Analysis

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New Jersey Workers' Comp.

Forms included in New Jersey Workers' Comp. Set..... \$179.00

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| L & I1 | Employer's First Report of Accidental Injury or Occupational Illness |
| WC(CF)-11 | Record of Informal Hearing |
| WC(00)-100 | Order |
| WC(F)-367 | Respondent's Answer to Claim Petition |
| WC-1 | Employer's Report to Division of Workers' Compensation of Accidental Injury or Occupational Disease |
| WC-101 | Notice of Motion for Temporary and Medical Benefits |
| WC-102 | Answering Statement to Motion for Temporary and Medical Benefits |
| WC-171 | Respondent's Answer to Dependency Claim Petition |
| WC-365 | Employee's Claim Petition |
| WC-366A | Dependency Claim Petition |
| WC-368 | Application for Review or Modification of Formal Award |
| WC-369 | Answer to Application for Review or Modification of Formal Award |
| WC-4 | Final Report of Accident |
| WC-5 | Final Report of Accident |
| WC-6 | Final Report of Accident |
| WC-60 | Application for Commutation |
| WC-66 | Application for Informal Hearing |

New York Workers' Comp.

Forms included in New York Workers' Comp. Set..... \$179.00

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| R | Carrier's Report on Rehabilitation |
| C 2 | Employer's Report of Work-Related Accident/Occupational Disease |
| C 3 | Employee's Claim for Compensation |
| C 7 | Notice that Right to Compensation is Controverted |
| C 8 | Request for Conciliation |
| C 8.1 | Notice of Treatment Issue(s) / Disputed Bill Issue(s) |
| C 8/8.6 | Notice that Payment of Compensation has been Stopped or Modified |
| C 11 | Employer's Report of Injured Employee's Change in Employment Status... |
| C 22 | Application for Approval of Non-Scheduled Adjustment |
| C 22b | Request to Suspend or Reduce Payment of Compensation ... |
| C 89.3 | Request for Priority Hearing |
| C 105 | Notice of compliance Workers' Compensation law |
| C 220 | Notice of Issuance of New Policy or Reinstatement of Policy |
| C 221 | Notice of Cancellation or Intention not to Renew |
| C 222 | Notice of Issuance of Additions to Existing Policy |
| C 240 | Employer's Statement of Wage Earnings |
| C 250 | Notice of Claim for Reimbursement out of the Special Disability Fund... |
| C 251 | Carrier's Request for Reimbursement of Compensation Payments... |
| C 430 S | Statement of Rights |
| C 669 | Notice to Chair of Carrier's Action on Claim for Benefits |
| RB 679 | Notice to Chair of Carrier's Action on Application for Reopening |

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North Carolina Workers' Comp.

Forms included in North Carolina Workers' Comp. Set..... \$179.00

- 17 Workers' Comp. Notice and Instructions to Employers and Employees –
- 18 Notice of Accident to Employer –
- 18B Claim by Employee or his Personal Representative or Dependents for Workers' Comp. Benefits
- 18M Employee's Claim for Additional Medical Comp. Pursuant to N.C. Gen. Statute § 97-25.
- 19 Employer's Report of Injury to Employee
- 21 Agreement for Comp. for Disability Pursuant to N.C. Statute § 97-82 -
- 22 Statement of Days Worked and Earnings of Injured Employee
- 24 Application to Suspend Payment of Comp. Pursuant to N.C. Gen. Statute § 97-18.
- 25D Dentist's Itemized Statement of Charge for Treatment and Certification of Treatment of Disability
- 25N Notice to the Industrial Commission of Assignment of Rehabilitation Professional Pursuant to Utilization of Rehabilitation Professionals Rule
- 25P Itemized Statement of Charges for Drugs
- 25R Evaluation for Permanent Impairment
- 25T Itemized Statement of Charges for Travel
- 26 Supplemental Agreement as to Payment of Comp. Pursuant to N.C. GEN. STAT. § 97-82.
- 26D Agreement for Comp. Under G.S. 97-37
- 28 Return to Work Report
- 28B Report of Employer or Carrier/Administrator of Comp. and Medical Comp. Paid and Notice of Right to Additional Medical Comp. -
- 28T Notice of Termination of Comp. By Reason of Trial Return to Work Pursuant to N.C. GEN. STAT. § 97-18.1(b) and N.C. GEN. STAT. § 97-32.1
- 28U Employee's Request That Comp. Be Reinstated After Unsuccessful Trial Return to Work Pursuant to N.C. Gen. Stat. Supplementary Report for Fatal Accidents
- 29 Supplementary Report for Fatal Accidents
- 30 Agreement for Comp. for Death
- 30A Notice of Award
- 30D Notice of Death Award
- 31 Application for Lump Sum Award
- 33 Request That Claim be Assigned for Hearing
- 33R Response to Request That Claim Be Assigned for Hearing
- 36P Subpoena To Produce Items or Documents
- 42 Application for Appointment of Guardian Ad Litem
- 44 Application for Review
- 50 Itemized Statement of Charge for Nursing
- 51 Annual Consolidated Fiscal Report of 'Medical Only' or 'Lost Time'
- 60 Employer's Admission of Employee's Right to Comp. Pursuant to N.C. GEN. STAT. § 97-18(b)
- 61 Denial of Worker's Comp. Claim Pursuant to N.C. GEN. STAT. § 97-18(c) & N.C. GEN. STAT. § 97-18(d) 3/15/95
- 62 Notice of Reinstatement or Modification of Comp. Pursuant to N.C. GEN. STAT. § 97-32.1 Or N.C. GEN. STAT. § 97-118(b)
- 63 Notice to Employee of Payment of Comp. Without Prejudice to Later Deny the Claim Pursuant to N.C. GEN. STAT. § 97-18(d)

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Ohio Workers' Comp.

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| C-110 | Agreement to Select the State of Ohio as the State of Exclusive Remedy |
| C-140 | Application for Wage Loss Compensation |
| C-141 | Wage Loss Statement For Job Search |
| C-167-T | Objection to Tentative Order Awarding Permanent Partial Disability Compensation |
| C-17 | Pharmacy Invoice |
| C-19 | Service Invoice |
| C-23 | Change of Physician Notice |
| C-230 | Authorization to Receive Workers' Compensation Check |
| C-240 | Settlement Agreement and Application for Approval of Settlement Agreement |
| C-241 | Amended Settlement Agreement and Release |
| C-44 | Physician's Certificate in Proof of Death |
| C-5 | Additional Information for Death Benefits |
| C-58 | Application for Adjustment of Claim in Case of Fatal Injury |
| C-59 | Self-Insurers' Agreement as to Compensation on Account of Death |
| C-60 | Travel Expense Statement |
| C-77 | Injured Worker's Change of Address Notification |
| C-84 | Instructions |
| C-84 | Request for Temporary Total Compensation |
| C-86 | Motion |
| C-9 | Physician's Report/Treatment Plan for Industrial Injury or Occupational Disease |
| C-92 | Application for the Determination of the Percentage of Permanent Partial Disability |
| C-92-A | Application for Increase in Percentage of Permanent Partial Disability |
| C-94-A | Wage Statement |
| AC-2 | Permanent Authorization |
| AC-3 | Temporary Authorization to Review Information |
| FROI-1 | First Report of an Injury, Occupational Disease or Death |
| MEDCO-8 | Self-Insured Employer/Injured Worker Screening |
| OD-58-22 | Application for Adjustment of Claim in Case of Death Due to Occupational Disease |
| OIC-1084 | Settlement of Alleged Violation of a Specific Safety Requirement |
| OIC-2013 | Agreement as to Compensation for Permanent Disability |
| IC-MED-5 | Affidavit |
| OIC-2020 | Report of Special Eye Examination |
| OIC-3000 | IC-12 Notice of Appeal |
| OIC-3002 | IC-90 Employee's Notice of Election to Receive Compensation for Partial Disability |
| OIC-3004 | IC-88 Application for Reconsideration |
| R-1 | Authorization of Representative of Employer |
| R-2 | Authorization of Representative of Claimant |
| R-3 | Request to Inspect Claim File or to Obtain Screens |
| SI-28 | Filing of Complaint Against a Self-Insured Employer |
| U-136 | Request for Election of Coverage for Ministers or Associate Ministers |
| U-3 | Application for Coverage |
| U-3-B | Application for Household Domestic Employees Only |
| U-9 | Application for Transfer of Workers' Compensation Account and Premium Obligation to Succeeding Employer |
| C-140 | Medical Report |

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Pennsylvania Workers' Comp.

Forms included in Pennsylvania Workers' Comp. Set..... \$179.00

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| LIBC-10 | Authorization For Alternative Delivery Of Compensation Payments |
| LIBC-25/26 | Appeal from Referee's Findings of Fact and Conclusions of Law |
| LIBC-386 | Fatal Claim Petition for Compensation By Dependents for Death Resulting from Occupation Disease - LIBC-336 |
| LIBC-336 | Agreement for Compensation for Disability or Permanent Injury – |
| LIBC-337 | Supplemental Agreement for Compensation for Disability or Permanent Injury |
| LIBC-338 | Agreement for Compensation for Death – |
| LIBC-339 | Supplemental Agreement for Compensation for Death – |
| LIBC-34 | Petition for Commutation of Compensation Under the Pennsylvania Workers' Compensation Act of 1915 – |
| LIBC-344 | Employer's Report of Occupational Injury or Disease – |
| LIBC-344 | Employer's Report of Occupational Injury or Disease |
| LIBC-362 | Claim Petition for Workers' Compensation - LIBC-362 |
| LIBC-363 | Fatal Claim Petition for Compensation by Dependents of Deceased Employees |
| LIBC-364B | Defendant's Answer to Claim Petition Under Pennsylvania Occupational Disease Act |
| LIBC-374 | Defendant's Answer to Employee Claim Petition Under Pennsylvania Workers' Compensation Act |
| LIBC-378 | Blank Petition |
| LIBC-384 | Fatal Claim Petition for Compensation by Dependents for Death Resulting from Silicosis, Anthraco-Silicosis and Asbestosis - LIBC-384 |
| LIBC-386 | Fatal Claim Petition for Compensation by Dependents for Death Resulting from Occupation Disease |
| LIBC-392 | Statement of Account of Compensation Paid for All Workers' Compensation and Occupational Disease Cases Including Fatalities – |
| LIBC-494A | Statement of Wages for Injuries Occurring On or Before June 23, 1996 - LIBC-494A |
| REV 8-96 | |
| LIBC-495 | Notice of Compensation Payable |
| LIBC-496 | Notice of Workers' Compensation Denial |
| LIBC-497 | Physician's Affidavit of Recovery |
| LIBC-498 | Commutation of Compensation |
| LIBC-499 | Petition of Employer for Physical Examination of Employee |
| LIBC-501 | Notice of Temporary Compensation Payable |
| LIBC-502 | Notice Stopping Temporary Compensation |
| LIBC-506 | Application for Executive Officer Exception from the Provisions of the Pennsylvania Workers' Compensation Act Section 104 – |
| LIBC-507 | Application for Fee Review Pursuant to Section |
| LIBC-510 | Employer's Application to Elect Domestic Employees to Come Within Provisions of the Workers' Compensation Act |
| LIBC-513 | Executive Officer's Declaration |
| LIBC-601 | Utilization Review Request |
| LIBC-603 | Petition for Review of Utilization Review Determination |
| LIBC-604 | Utilization review: Determination Face Sheet |
| LIBC-620 | Peer Review Request |
| LIBC-662 | Application for Supersedeas Fund |
| LIBC-686 | Petition for Finding the Violation of the Terms of the Workers' Compensation Act and/or Regulations and/or Assessment of Penalties |
| LIBC-755 | Compromise and Release Agreement by Stipulation Pursuant to Section 449 of the Workers' Compensation Act |

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South Carolina Workers' Comp.

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- 12-A First Report of Injury or Illness
- 15 Temporary Compensation Report
- 15-S Supplemental Report of Varying Temporary Partial Payments
- 16 Agreement for Permanent Disability / Disfigurement Compensation
- 17 Receipt of Compensation
- 20 Statement of Earnings of Injured Employee
- 21 Employer's Request for Hearing
- 30 Request for Commission Review

Texas Workers' Comp.

Forms included in Texas Workers' Comp.....\$179.00

- TWCC 1 First Report of Injury or Illness
- TWCC 2 Report for Reimbursement of Voluntary Pay
- TWCC 3 Employer's Wage Statement
- TWCC 4 Employer's Contest of Compensability
- TWCC 5 Employer Notice of Termination of Coverage
- TWCC 6 Supplemental Report of Injury
- TWCC 20 Insurance Carrier Notice Coverage/Cancellation/Non-renewal
- TWCC 20A Correction/Revision/Endorsement to Existing Policy
- TWCC 21 Payment of Compensation or NTC Refused/Disputed Claim
- TWCC 22 Request for Medical Examination Order
- TWCC 24 Benefit Dispute Agreement
- TWCC 25 Benefit Dispute Settlement
- TWCC 26 Notification of First Payment
- TWCC 28 Max Med Improvement and/or Impairment Rating
- TWCC 31 Application for Commission Approval of Change
- TWCC 32 Notice of Max Medical Improvement Impairment Dispute
- TWCC 33 Carrier's Request for Reduction of Income Benefits
- TWCC 41 Employee's Note of Injury or Occupational Disease
- TWCC 41S Notificacion Por el Trabajador Accidentado
- TWCC 42 Notice of Fatal Injury or Occupational Disease
- TWCC 44 Election to Engage in Arbitration
- TWCC 45 Request for a Benefit Review Conference
- TWCC 46 Employee's Request for Impairment Income Benefits
- TWCC 47 Request for Payment of Advance Compensation
- TWCC 51 Election For Lump Sum Impairment Income Benefits
- TWCC 52 Statement of Employment Status
- TWCC 53 Employee's Request to Change Treating Doctors
- TWCC 53S Solicitud del Empleado Para Cambiar de Medico
- TWCC 60 Request for Medical Dispute Resolution
- TWCC 62 Notice of Medical Payment Dispute
- TWCC 64 Specific and Subsequent Medical Report
- TWCC 153 Request for Copies of Claim/Hearing File
- TWCC 155 Request for Record Check
- TWCC 156 Prospective Employment Authorization

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Utah Workers' Comp.

Forms included in Utah Workers' Comp. Set..... \$179.00

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| Form 002 | Employee Notification of Injury/Occupational Disease |
| Form 12 | WC Employer's First Report of Injury or Illness |
| Form 025 | Claim for Dependents' Benefits and/or Burial Benefits |
| Form 026 | Occupational Disease Claim of Employee |
| Form 046 | Authorization to Release Medical Records |
| Form 089 | Employee Notification of Denial of Claim |
| Form 110 | Release to Return to Work |
| Form 130 | Insurance Company's and S-I's Final Report of Injury & Statement of TTL Losses |
| Form 134 | Application for Lump Sum or Advance Payment |
| Form 141 | Initial Stmt of Insurance Carrier or S-I.. Respect to Payment of Benefits |
| Form 142 | Statement of Insurance Carrier ... To Discontinuance of Benefits |
| Form 206 | Injured Worker Status Report |
| Form 221 | Restorative Services Authorization / Denial |
| Form 441 | Insurance Carrier... Notice of Further Investigation of WC Claim |

Wisconsin Workers' Comp.

Forms included in Wisconsin Workers' Comp. Set..... \$179.00

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| WKC 7 | Hearing Application |
| WKC 12 | Employer's First Report of Injury or Disease |
| WKC 13 | Supplementary Report on Accidents and Industrial Diseases |
| WKC 13-A | Wage Information |
| WKC 16 | Medical Report on Industrial Injuries |
| WKC 16-B | Practitioner's Report on Accident or Industrial Disease I Lieu of Testimony |
| WKC 19 | Admission to Service and answer to Application |
| WKC 28 | Labor and Industry Review Commission Petition for Review... |
| WKC 170 | Third Party Proceeds Agreement |
| WKC 176 | Compromise Agreement |
| WKC 6743 | Vocational Expert Report |

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24th JDC (Jefferson Parish Civil Court) Set

Forms included in 24th JDC Set..... \$129.00

Authorization to Release Medical Records
Authorization to Release Prior Employment Records
Authorization to Release Social Security Disability Records
Authorization to Release Veterans Records
Commissioner of Insurance Reporting Form
First Parish Court - Affidavit of Correctness of Account
First Parish Court - Certification of Attorney
First Parish Court - Garnishment Interrogatories and Order
First Parish Court - Judgment
First Parish Court - Motion and Order for a New Trial on a Judgment of Eviction
First Parish Court - Motion for Writ of Attachment for Arrest
First Parish Court - Motion to Set Trial
First Parish Court - Motion to Withdraw Garnishee Fee
First Parish Court - Recall of Attachment or Capias
IRS 4506 Request for Copy of Tax Form
Jefferson Parish Financial Statement
Mediation Cover Sheet
Motion to Set Trial on the Merits Divorce
Motion To Set For Trial on the Merits
Order of Consolidation
Order of Transfer
Subpoena (ad Testificandum)
Subpoena (Deposition Subpoena - WordMill Enhanced)
Subpoena Duces Tecum
Subpoena Duces Tecum (WordMill Enhanced)

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