



# SELARZ LAW CORP.

11777 SAN VICENTE BLVD., SUITE 702  
 LOS ANGELES, CALIFORNIA 90049  
 TELEPHONE: 310.651.8685  
 FAX: 310.651.8681

## CORRESPONDENCE CHECKLIST

[Case Name]

DOCUMENT NAME		SENT	RECEIVED
<b>Potential New Client Documents</b>			
1)	Letter to Client re Case Initiation Materials ( <i>Client Intake Questionnaire, Medical Authorization and Retainer Agreement</i> )	<input type="checkbox"/> ____	<input type="checkbox"/> ____
<b>Pre-Litigation Documents (After Client Signs Retainer Agreement/Referral-Association Agreement)</b>			
2)	Letter to Client re General Lawsuit Instructions	<input type="checkbox"/> ____	
3)	Letter to Client re Loss of Earnings Verification ( <i>Include Wage and Salary Verification</i> )	<input type="checkbox"/> ____	<input type="checkbox"/> ____
4)	Letter of Representation to Client's Carrier	<input type="checkbox"/> ____	
5)	Letter of Representation to Defendant(s)' Carrier(s)	<input type="checkbox"/> ____	
6)	A) Medical Records Request(s)	<input type="checkbox"/> ____	<input type="checkbox"/> ____
	B)	<input type="checkbox"/> ____	<input type="checkbox"/> ____
	C)	<input type="checkbox"/> ____	<input type="checkbox"/> ____
	D)	<input type="checkbox"/> ____	<input type="checkbox"/> ____
	E)	<input type="checkbox"/> ____	<input type="checkbox"/> ____
7)	Request for Traffic Collision Report ( <i>If applicable</i> )	<input type="checkbox"/> ____	<input type="checkbox"/> ____
<b>Pre-Litigation Documents (After Client Completes All Medical Treatment &amp; All Medical Records and Billing Is Received)</b>			
8)	Letter to Client's Carrier re Med Pay ( <i>If applicable</i> )	<input type="checkbox"/> ____	
9)	Initial Settlement Demand Letter	<input type="checkbox"/> ____	
<b>Litigation Documents (After Case is Filed)</b>			
10)	Letter to Client re General Lawsuit Questions ( <i>Form Interrogatories</i> )	<input type="checkbox"/> ____	<input type="checkbox"/> ____
11)	Letter to Client re Trial Information	<input type="checkbox"/> ____	
12)	Letter to Client re Deposition Information ( <i>If applicable</i> )	<input type="checkbox"/> ____	
13)	Letter to Client re Mediation/MSA Information ( <i>If applicable</i> )	<input type="checkbox"/> ____	
14)	Letter to Client re Defense Medical Examination Information ( <i>If applicable</i> )	<input type="checkbox"/> ____	