Revised 07/01/22

Effective 07/01/22

**WC-1 ICAF**

|  |
| --- |
| **Attorney — Client Communication Privileged, Confidential, and Exempt from Disclosure under applicable law. Contains material prepared by counsel and may include advice of counsel.** |

**INITIAL CASE ASSESSMENT FORM**

**(for Workers’ Compensation Matters in OWC Court Only)**

**Instructions:**

* The Initial Case Assessment is due sixty (**60) DAYS** from the date of acceptance of the case or assignment to LP/DOJ staff attorney.
* Utilize this form for Workers’ Compensation matters in OWC Court only.
* The defense budget must be submitted in accordance with Section VIII and IX.
* If the estimates in Section VIII and/or IX become inaccurate, trial counsel must provide updated estimates to the Adjuster.
* Contract Counsel shall submit the completed form to the Adjuster, and electronically to the Workers’ Compensation Section Chief at: [WorkersCompSectionChief@ag.louisiana.gov](mailto:WorkersCompSectionChief@ag.louisiana.gov)
* LP/DOJ Staff Attorney shall submit the completed form, along with the Budget Summary Form (Attachment D, Form SF-4) to the Adjuster and to the Workers’ Compensation Section Chief electronically; or, to the Regional Office Chief, if LP/DOJ attorney is housed in a Regional Office. The Regional Office Chief shall transmit the form to the Workers’ Compensation Section Chief electronically.

**High Exposure Case: \_\_\_\_\_Y \_\_\_\_\_N (As defined in Part VIV of this Form)**



**Caption of Case: PLAINTIFF(S):**

vs.

**DEFENDANT(S):**

**OWC District: TRIAL DATE:**

**Docket Number:** **MEDIATION DATE:**

**JUDGE:** **OTHER CRITICAL DATES:**

**ORM Number:**

**TPA Number:**

**Agency/Facility:**

**Adjuster:**

Telephone Number:

Email Address:

**ORM Supervisor:**

Telephone Number:

Email Address:

**DOJ Billing Attorney:**

Telephone Number:

Email Address:

**Date Submitted:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Claimant:**

Date of Injury:

AWW:

Comp Rate/Type:

**Plaintiff(s) Attorney:**

w/ address, telephone, fax:

Assessment of Attorney:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Judge:**

Assessment of Judge and Venue:

**I.** **FACTUAL AND PROCEDURAL HISTORY**

A. Name, age, date of hire, date of injury, agency and position of the claimant. If terminated, when/why:

B. A **thorough explanation** of the accident, injuries and allegations contained in the 1008:

**II. MEDICAL TREATMENT HISTORY**

A. A **summarization** of all pertinent medical treatment from the date of injury to the present, including the physician’s name, specialty, whose choice of physician they are, diagnosis, diagnostic testing, medication, surgery, therapy and physicians’ opinions as to future treatment and work status.

B. Discuss and give details regarding the claimant’s Medicare eligibility, including **whether or not** the claimant is a current recipient, eligible for Medicare, applying for Medicare, etc.

**III.** **PLAINTIFF’S CAUSES OF ACTION AND/OR THEORIES OF RECOVERY AND APPLICABLE DEFENSES**

Describe separately and in detail each cause of action along with applicable defenses.

**IV. CRITICAL DATES (Mediation, Trial, Hearing)**

**V. RESPONSIVE PLEADINGS**

(Discuss exceptions, motions, etc. to be filed and basis for same, and applicable affirmative defenses.

**VI. LITIGATION PLAN**

Please provide a detailed plan of action, including but not limited to the following:

A. Interviews/Documents from Client/Witness/Investigating Agent;

B. Written Discovery;

C. Depositions:

1. Plaintiff:

2. Adjuster:

3. ORM Supervisor:

4. Agency Policy/Procedure Witness:

5. Treating Health Care Providers (List Each Separately):

D. Document production to plaintiff/co-defendants:

**VII. EXPERTS**

A. Non-medical witness/expert(s)

1. Private Investigator – surveillance, video, etc.

B. Medical (as may be applicable)

1. Plaintiff’s physician

2. Second Medical Opinion (SMO)

3. Independent Medical Examination (IME) (note whether appointed by the OWC Director or Judge)

**VIII. INITIAL DEFENSE BUDGET:**

A. CONTRACT ATTORNEYS MUST SUBMIT BUDGET UTILIZING THE CONTRACT ATTORNEY BUDGET FORM (ATTACHMENT D, FORM SF-10).

B. LP/DOJ STAFF ATTORNEYS MUST SUBMIT A BUDGET UTILIZING THE LP/DOJ STAFF ATTORNEY BUDGET SUMMARY FORM (ATTACHMENT D, FORM SF-4).

**IX. ESTIMATED MAXIMUM JUDGEMENT VALUE** $

***Note:*** When evaluating this claim, you will need to determine whether this is a **High Exposure** **case**. A high exposure case is defined as a case where the plaintiff(s) potential recovery is in excess of one million ($1,000,000.00) dollars, **inclusive of** interest, costs, attorney’s fees and consideration of comparative fault.