



THE LAW OFFICES OF SUSANA RAGOS CHUNG
 3250 WILSHIRE BLVD., SUITE #1900, LOS ANGELES, CALIFORNIA 90010
 TELEPHONE NO.: (213) 386-8688 FACSIMILE NO.: (213) 386-8695
 WWW.SRCLAWOFFICE.COM LICENSED IN CALIFORNIA & NEVADA

Wage Loss Verification Form

This form is to be filled out by your employer.

TO THE EMPLOYER:

This statement is for the benefit of your employee in connection with the claim for damages resulting from an accident, which was in **no way** connected with our client's employment at your company. It would be beneficial to our client if this form is accomplished completely.

<i>Name of Employer:</i>			
<i>Your Name:</i>			
<i>Your Position/Title</i>			
<i>Address:</i>			
<i>Telephone #</i>			
Employee Information			
<i>Name of Employee:</i>			
<i>Address:</i>			
<i>Employee's Position:</i>			
<i>Employee's Duties:</i>			
<i>Salary of Employee</i>	<i>Per hour:</i>	<i>Hours Per week:</i>	
	<i>Bonus, commissions or overtime pay lost, if any:</i>		
<i>Did Employee lose any earnings due to this accident?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO		<small>* Hours lost multiplied by the wage of employee</small>
	<i>Total Hours Lost From Work:</i>		
	<i>Total amount lost from work:</i>	\$	
<i>Comments?</i>			

**** Any Person Who Knowingly Files A Statement Of Claim Containing Any False Or Misleading Information Is Subject To Criminal And Civil Penalties. ****

Signed by:	Today's Date:
Print Your Name:	Your Contact Telephone #: