

THE DOMINGUEZ FIRM<sup>LLP</sup>



*Injury Lawyers*

WORK  
INJURY  
GUIDE

# THE DOMINGUEZ FIRM LLP





Thank you for retaining  
our law firm regarding your  
**Workers' Compensation injury claim.**

For over 34 years, The Dominguez Firm has successfully resolved thousands of Workers' Compensation cases, involving all sorts of accidents, injuries and disabilities. Rest assured that our experienced and well-trained Workers' Compensation staff will do its best on your behalf. We look forward to assisting you through every step of your Workers' Compensation injury claim.

We prepared this Workers' Compensation claim handout to inform and guide you during the term of your claim. This general information is intended to provide you, the client, with a brief overview of the California Workers' Compensation system. It is important for you to read this so you will better understand your rights and potential benefits, and the various stages of the medical/legal process of your claim.



# While we are working on your behalf



there are certain things  
you can do to help your case.

▶ **Attend** all medical appointments.

▶ **Keep our firm updated** with your current contact information:

Telephone Number

Address

Email



▶ **Do not discuss the facts** of your accident or your injuries with anyone other than our law firm and your health care providers.



▶ **Lastly, please be cautious about posting** your personal photos and comments on social media platforms such as Facebook, Twitter, Instagram, and YouTube, among others, throughout the duration of your claim.



Defense attorneys may use such information from social media as evidence against your claim.

# COMMUNICATION WITH OUR FIRM DURING YOUR CLAIM

At The Dominguez Firm, we are proud of our customer service and continually strive to ensure client needs and concerns are properly addressed.

Your assigned legal assistant will promptly provide you with his or her e-mail address, and direct phone number. Please make note of it in the back of this booklet.

If you call and your assigned legal assistant is not available, he or she will make every attempt to return your call within 24 business hours.

We strongly encourage clients to **text or e-mail us when communicating** with our office. It is often faster and easier than telephone calls, provides a clear written record of client/firm communications, and eliminates phone tag.

Please note you may also call our Workers' Compensation Department directly at **(800) 777-7777**.

Our law firm is open from **8:00 a.m. to 5:00 p.m.**, Monday through Friday.

If you wish to come to the office, **please make an appointment to ensure proper attention**. Also, if necessary, you may request a telephone consultation with your assigned legal assistant's supervising attorney.





### Who Qualifies For **Workers' Compensation** Benefits?

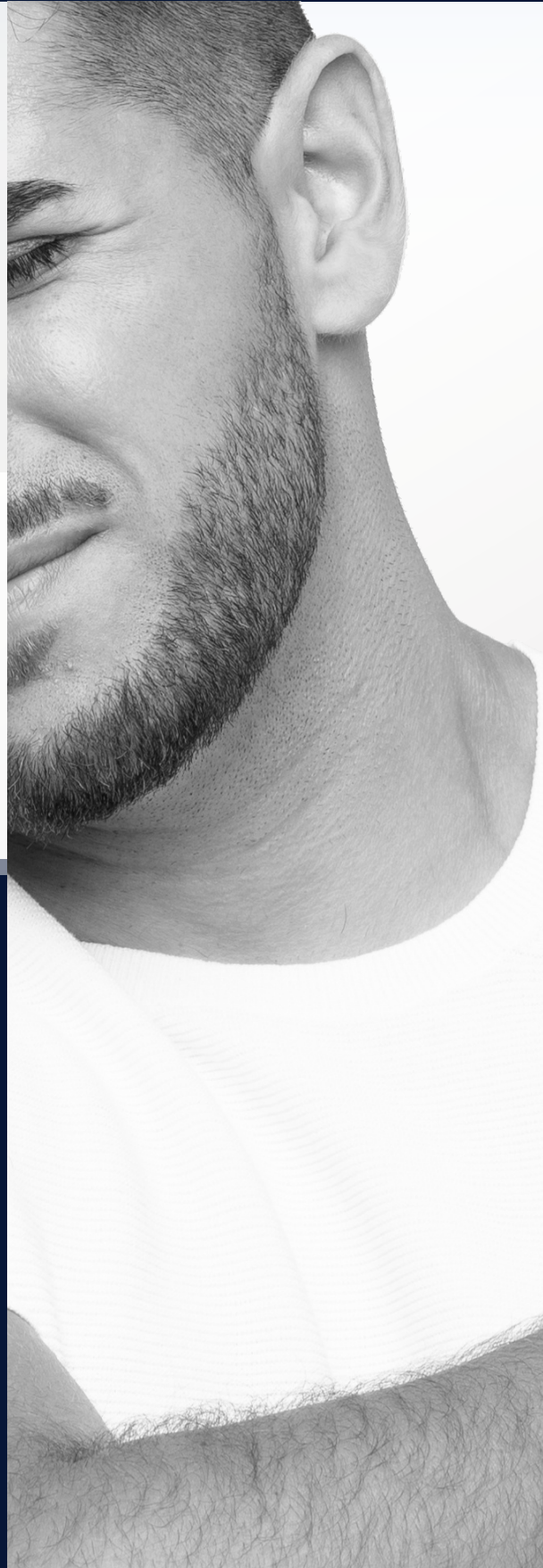
Workers' Compensation benefits may be available if you sustain a work related injury or illness. Your injury may be the result of a single event at work, or repeated exposures at work.

After you have suffered an injury or illness at work, you should promptly notify your employer. If your employer does not learn about your injury within 30 days of its occurrence, you could lose your right to receive Workers' Compensation benefits.

A copy of the Workers' Compensation Claim Form (DWC1) published by the State of California Department of Industrial Relations is included at the end of this booklet for your reference.

Your employer is required to provide you with a larger version of this form, which must be filled out by both you and your employer's representative.

If you have not completed this form, or have not received it from your employer, please let us know and we will take the steps necessary to complete it on your behalf.



## There are three important California **Workers' Compensation** legal precedents to keep in mind:

**1**

You do not have to be a legal resident of the United States to receive most Workers' Compensation benefits.

**2**

You usually receive benefits no matter who was at fault for your work-related injury.

**3**

You may be covered by Workers' Compensation as an employee even if you are called an "independent contractor".



**If you have been injured on the job, the next step is to contact our law firm** so that you may receive the benefits available to you under the California Workers' Compensation system.



# Benefits Available Through Workers' Compensation

Workers' Compensation benefits for a work-related injury or illness may include:



### ► Medical Care

This includes coverage for doctor visits and other healthcare services, tests, medicine, and travel costs reasonably necessary to treat your injury. You should not be billed for these services, as long as you filed a claim form and your health care provider knows that the injury is work-related.



### ► Temporary Total Disability Benefits

You may be entitled to up to **104 weeks** of Temporary Total Disability payments. This benefit requires that:

**1**

Your treating doctors state that you are unable to perform your usual job for more than three days.

**2**

You are hospitalized overnight and your employer does not offer you alternative work, at your usual wage, while you recover.

As a general rule, Temporary Total Disability Benefits are two-thirds of your gross (pre-tax) wages while you are recovering from a work-related injury.



It is important to note that a minimum and maximum weekly amount for this benefit is set by law. Our legal assistant will inform you about the computation formula that applies to you, which determines how much you are entitled to receive, as well as, when and for how long you are entitled to receive it.

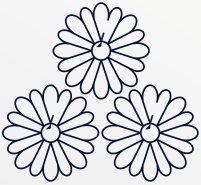




### ► Permanent Disability Benefits

You may be entitled to permanent disability benefits if you don't recover completely from your injury, and it causes a permanent loss of some physical and/or mental function, as confirmed by a doctor. Your eligibility for these benefits will be determined if you reach a point in your recovery where your medical condition is neither improving nor getting worse. This condition is called "permanent and stationary" or "maximum medical improvement".

Once your doctor decides that your condition is permanent and stationary, he or she will issue a report. This report includes a rating in the form of a numerical percentage that helps determine your Permanent Disability Rating. This rating is then used to determine a lump sum permanent and stationary monetary compensation amount for your claim.



### ► Death Benefits

These are payments to a surviving spouse, children, or other dependents for a death resulting from a job injury. Our law firm investigates and evaluates various factors to calculate the correct formula of payment for each dependent based on relevant Workers' Compensation law. In addition, there is an allowance for burial expenses.



### ► Supplemental Job Displacement Benefits

Employees injured on or after January 1, 2005, who are permanently unable to do their usual job, and whose employer does not offer other work, may qualify for Supplemental Job Displacement Benefits (SJDB). SJDB are provided as a non-transferable voucher to pay for educational retraining and/or skill enhancement at state-approved or state-accredited schools.

You may be entitled to one or more of the above benefits. Our office is dedicated to ensuring that you receive all benefits to which you are entitled. Please call or email your assigned legal assistant with any questions or concerns you may have.



## THIRD PARTY/WORKERS' COMPENSATION CROSS-OVER CASES

An on-the-job injury that is partly the fault of a third party, who is not your employer or your employer's employees, may entitle you to both a Workers' Compensation claim and a civil legal action against the third party. These complex cases are typically referred to as "cross-over" cases, and The Dominguez Firm has successfully resolved hundreds of these cases over the years.

If you believe that your work-related accident was caused or partially caused by a third party, please call or email your assigned legal assistant immediately. We will investigate and advise you on our recommended course of action.



## Discrimination Under Labor Code Section 132(a)

If you believe your employer retaliated against you for filing a Workers' Compensation claim by terminating your employment or discriminating against you, then you may take action against your employer pursuant to California Labor Code section 132(a). This employee protection code exists to dissuade employers from wrongfully terminating or discriminating against employees who are injured

on the job. It also holds those employers who take such actions against an employee accountable. If your employer attempts to terminate your employment or discriminates against you after you file a Workers' Compensation claim, please call or email your assigned legal assistant immediately. We will investigate and advise you on our recommended course of action.





# Cal-OSHA

Cal-OSHA is an acronym for the California Occupational Safety and Health Administration

It is designed to protect workers from health and safety hazards on the job. An important part of Cal-OSHA, is its investigative arm. It is usually called to work-place accident sites when a serious injury has occurred. Many Cal-OSHA investigators have special education and training in investigating work-related accidents.

The purpose of a Cal-OSHA investigation is to determine the cause of an accident and to assist in preventing similar work accidents from occurring in the future. This investigative process by Cal-OSHA ends in a well-documented and fact intensive report that may also include witness statements and potential consequences for the employer.

These reports are often useful in determining responsibility for work-related accidents, and may be helpful in determining if a Serious and Willful and/or cross-over civil action potentially exists. Our law firm will request the Cal-OSHA report whenever one is available. If you were interviewed by a Cal-OSHA investigator in your work-related accident, please call or email your assigned legal assistant immediately.

However, if a Cal-OSHA investigator contacts you for an interview while you are represented by our law firm, do not give a statement without first notifying us of their request.



## Duration of Your Claim

### How long will it take to resolve my claim?



No attorney can tell you how long the process will take. Every case is different. Many factors play a role, including the facts of your case, the nature and severity of your injury, insurance cooperation, the court's calendar, and your health providers' schedules. Typically, however, a Workers' Compensation claim takes from one to three years to resolve, although some take longer.

After your doctor(s) have deemed your medical condition permanent and stationary, our law firm may begin the legal process to resolve your case. This can include further court hearings, and possibly a trial with a judge. Each of these court hearings and trials are scheduled according to the availability of courts, judges and litigants. In addition, multiple hearings and trials may

be necessary before a fruitful negotiation process can begin. Even after negotiation has begun, a final trial may be needed for resolution. We will keep you informed of the progress toward final resolution of your claim after your doctor(s) have deemed your medical condition permanent and stationary.

## Conclusion

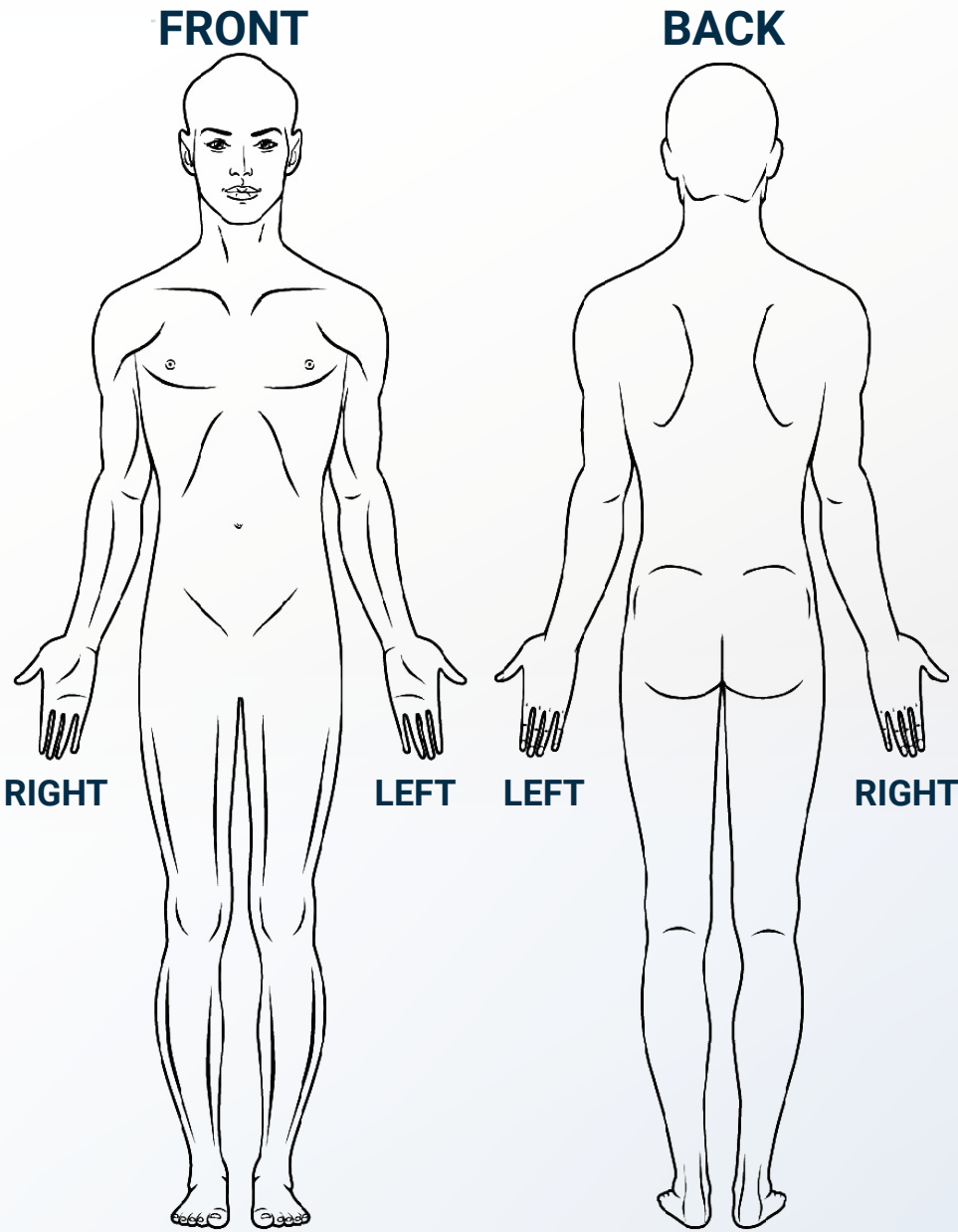
We thank you for once again entrusting your case to The Dominguez Firm. Our legal staff is keenly aware of the firm's founding principles: compassion, service, and results. You are important to us, and we will do our very best on your behalf. We are here for you.

Do not hesitate to contact us regarding your case. We will also contact you as the need arises and to keep you updated on any significant developments. Please keep us informed of your medical needs and status changes. We can't change the past, but together we can improve your future!



# Mark Your Injuries

Mark on the figures any areas of pain or injury from this accident.  
Indicate any cuts, sore spots, bruises, etc.



# EMPLOYEE PETITION FOR WORKERS' COMPENSATION FORM

State of California  
Department of Industrial Relations  
DIVISION OF WORKERS' COMPENSATION



Estado de California  
Departamento de Relaciones Industriales  
DIVISION DE COMPENSACIÓN AL TRABAJADOR

## WORKERS' COMPENSATION CLAIM FORM (DWC 1)

## PETITION DEL EMPLEADO PARA DE COMPENSACIÓN DEL TRABAJADOR (DWC 1)

**Employee:** Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at (800) 736-7401. An explanation of workers' compensation benefits is included as the cover sheet of this form.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them.

**Empleado:** Complete la sección "Empleado" y entregue la forma a su empleador. Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la Division de Compensación al Trabajador al (800) 736-7401 para oír información gravada. En la hoja cubierta de esta forma esta la explicación de los beneficios de compensación al trabajador.

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonía".

**Employee—complete this section and see note above**      **Empleado—complete esta sección y note la notación arriba.**

1. Name. *Nombre.* \_\_\_\_\_ Today's Date. *Fecha de Hoy.* \_\_\_\_\_
2. Home Address. *Dirección Residencial.* \_\_\_\_\_
3. City. *Ciudad.* \_\_\_\_\_ State. *Estado.* \_\_\_\_\_ Zip. *Código Postal.* \_\_\_\_\_
4. Date of Injury. *Fecha de la lesión (accidente).* \_\_\_\_\_ Time of Injury. *Hora en que ocurrió.* \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.
5. Address and description of where injury happened. *Dirección/lugar dónde ocurrió el accidente.* \_\_\_\_\_
6. Describe injury and part of body affected. *Describe la lesión y parte del cuerpo afectada.* \_\_\_\_\_
7. Social Security Number. *Número de Seguro Social del Empleado.* \_\_\_\_\_
8. Signature of employee. *Firma del empleado.* \_\_\_\_\_

**Employer—complete this section and see note below.**      **Empleador—complete esta sección y note la notación abajo.**

9. Name of employer. *Nombre del empleador.* \_\_\_\_\_
10. Address. *Dirección.* \_\_\_\_\_
11. Date employer first knew of injury. *Fecha en que el empleador supo por primera vez de la lesión o accidente.* \_\_\_\_\_
12. Date claim form was provided to employee. *Fecha en que se le entregó al empleado la petición.* \_\_\_\_\_
13. Date employer received claim form. *Fecha en que el empleado devolvió la petición al empleador.* \_\_\_\_\_
14. Name and address of insurance carrier or adjusting agency. *Nombre y dirección de la compañía de seguros o agencia administradora de seguros.* \_\_\_\_\_
15. Insurance Policy Number. *El número de la póliza de Seguro.* \_\_\_\_\_
16. Signature of employer representative. *Firma del representante del empleador.* \_\_\_\_\_
17. Title. *Título.* \_\_\_\_\_ 18. Telephone. *Teléfono.* \_\_\_\_\_

**Employer:** You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within one working day of receipt of the form from the employee.

**Empleador:** Se requiere que Ud. feche esta forma y que provée copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de un día hábil desde el momento de haber sido recibida la forma del empleado.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

- ☐ Employer copy/Copia del Empleador      ☐ Employee copy/ Copia del Empleado      ☐ Claims Administrator/Administrador de Reclamos      ☐ Temporary Receipt/Recibo del Empleado



## Notes



## Notes

## Notes



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Your Legal Assistant's Name: \_\_\_\_\_

Your Legal Assistant's Tel. # (Call or Text): \_\_\_\_\_

Your Legal Assistant's Email: \_\_\_\_\_

The Dominguez Firm Tel. #: (800) 777-7777

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