



WORKER'S COMPENSATION APPEALS
PROFESSIONAL CORPORATION

2679 Howard Avenue, Suite 515, Windsor, ON N8X 3X2 • T 519-971-7777 • F 519-736-7706

CASE EVALUATION

Name : _____

Phone Numbers : 1. _____ 2. _____

E-mail address : _____

Date of Accident : _____

Accident Employer : _____

Job Title : _____

When was your last day of work? _____

Hourly wage : _____ Average # of hours worked per week : _____

Area of injury :
(check all that apply)

- back _____
- hand/wrist _____
- psychological _____
- neck _____
- knee _____
- occupational disease _____
- shoulder _____
- head _____
- other _____

Do you currently have representation? _____ If so, whom? _____

Did you receive any WSIB benefits? _____ How much weekly? _____

Are you currently receiving :
(check all that apply)

- Sick & Accident benefits _____
- Employment & Insurance benefits _____
- Wage Loss Insurance benefits _____
- Social Assistance _____
- Other benefits (please specify) _____

Have you protected your right to appeal WSIB's decision in writing? _____

If so, on what date? _____ If not, do so now.

Tell me about the current problem your are experiencing with WSIB in 100 words or less:

I believe that every worker has the right to fair treatment, and an understanding and compassionate representative. I am that representative. If you or someone in your family has been injured at work, don't wait. Give me a call, or complete the attached Case Evaluation form and **return by reply e-mail**, fax or mail it to me. Let's meet for your free evaluation. It's time you had someone on your side.

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E info@lomazzoappeals.com