

Georgia Workers' Compensation Claim Intake Data

Employee Data

Employee Name (First) (Middle) (Last)		Employee Phone Number		Date of Birth
Employee Street Address	City	State	Zip	Social Security Number
Attorney Name		Attorney Phone Number		
Attorney Street Address	City	State	Zip	

Employer Data

Employer		Employer's Phone Number		
Employer Street Address	City	State	Zip	
Attorney Name		Attorney Phone Number		
Attorney Street Address	City	State	Zip	

Insurer Data

Insurer		Insurer's Phone Number		
Insurer Street Address		Insurer File Number		
City	State	Zip		

Injury Data

Part of Body Injured		Date of Injury	First Date Disabled
County of Injury		Date of Death (if applicable)	List treating physician(s):
Briefly describe accident.			_____

