



# STEWART ADVOCACY

WCB CLAIM SPECIALISTS

## New Client Registration Form

Name:	
Email:	
Phone:	
Claim number or numbers (optional):	
Injuries Accepted by WCB:	
Injuries denied by WCB:	
Pre-accident Annual Salary and position:	
Type of monthly wage benefit currently being paid by WCB, and the monthly amount:	
What are your current work restrictions?	
If WCB has estimated your earnings, what position did they choose?	
List any other current sources of monthly income support:	
If you are currently working, describe your job duties:	
Are you currently receiving any allowances from WCB, other than your wage replacement	
Please list issues you would like us to appeal on your behalf:	
Other information you would like us to consider:	
Do you already have an appeals advisor or any upcoming hearings?	