Revised 07/01/22

Effective 07/01/22

**WC-2 6 Month CA**

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| **Attorney — Client Communication Privileged, Confidential, and Exempt from Disclosure under applicable law. Contains material prepared by counsel and may include advice of counsel.** |

**SIX MONTH CASE ASSESSMENT**

**(for Workers’ Compensation Matters in OWC Court Only)**

**Instructions:**

* This report is due one hundred eighty (**180) DAYS** from the date of acceptance of the contract, or Assignment to LP/DOJ staff attorney.
* This form is to be used for Workers’ Compensation matters in OWC Court only.
* Information developed since submission of the Initial Case Assessment (sixty (60) day report) is to be reported on this form.
* Team Meetings in Workers’ Compensation cases shall only be held if deemed necessary by the DOJ Section Chief and the ORM Manager.
* The defense budget must be submitted in accordance with Section IX.
* If the estimates become inaccurate in Section IX and/or X, counsel must provide updated estimates to the Adjuster.
* Contract Counsel shall submit the completed form to the Adjuster, and electronically to the Workers’ Compensation Section Chief at: [WorkersCompSectionChief@ag.louisiana.gov](mailto:WorkersCompSectionChief@ag.louisiana.gov)
* LP/DOJ Staff Attorney shall submit the completed form along with the Budget Summary Form (Attachment D, Form SF-4) to the Adjuster and to the Workers’ Compensation Section Chief electronically; or, to the Regional Office Chief, if LP/DOJ attorney is housed in a Regional Office. The Regional Office Chief shall transmit the form to the Workers’ Compensation Section Chief electronically.

**High Exposure Case: \_\_\_\_\_Y \_\_\_\_\_N (As defined in Part VIV of this Form)**



**Caption of Case:** Plaintiff(s)

vs.

Defendant(s)

**TRIAL DATE:**

**MEDIATION DATE:**

**OWC District:**

**OTHER CRITICAL DATES:**

**Docket Number:**

**ORM Number:**

**TPA Number:**

**Agency/Facility:**

**Adjuster:**

Telephone No.:

Email address:

**ORM Supervisor:**

Telephone No.:

Email address:

**DOJ Billing Attorney:**

Telephone No.:

Email address:

**Date Submitted:**

**Date of Team Meeting:**

(If determined necessary, then it shall be held within the first 90 days of assignment or as soon as practicable thereafter, but no later than 30 days prior to the due date of the WC-2).

**Claimant:**

Date of Injury:

AWW:

Comp Rate/Type:

**Plaintiff’s Attorney:**

w/address, telephone, fax:

Assessment of Attorney:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Judge:**

Assessment of Judge and Venue:

**I.** **FACTUAL AND PROCEDURAL HISTORY**

A. Name, age, date of hire, date of injury, agency, and position of the claimant. If terminated, when/why:

B. Discuss in detail all **new factual and procedural developments** since the Initial Case Assessment.

**II. MEDICAL TREATMENT HISTORY**

A. A **detailed summarization** of all pertinent medical treatment from the date of injury to the present, including the physician’s name, specialty, whose choice of physician they are, diagnosis, diagnostic testing, medication, surgery, therapy, and physicians’ opinions as to future treatment and work status.

B. Discuss and give details regarding the claimant’s Medicare eligibility, including, whether or not the claimant is a current recipient, eligible for Medicare, applying for Medicare, etc. Discuss why an MSA is or is not necessary.

**III. PLAINTIFF’S CAUSES OF ACTION AND/OR THEORIES OF RECOVERY AND APPLICABLE DEFENSES**

Describe separately and in detail each cause of action along with applicable defense(s), including pertinent statutory and case law and its application to the facts of the case.

**IV. CRITICAL DATES (Mediation, Trial, Hearing)**

**V. STATUS OF EXCEPTIONS/MOTION**

Discuss exceptions, motions, etc., filed and their respective outcome, to be filed and basis for same, and applicable affirmative defenses.

**VI. DISCOVERY OBTAINED TO DATE**

Discuss all discovery obtained, including interrogatories, requests for production, requests for admissions, investigations, depositions, etc.

**VII. QUANTUM ANALYSIS**

Describe in detail the State’s exposure for payment of past and future workers’ compensation indemnity benefits, medical treatment (including Medicare Set Aside), penalties, attorney fees, costs, interest, etc.

**VIII. UPDATED LITIGATION PLAN**

Since the Initial Case Assessment, discuss any additional tasks anticipated, needed and/or required to further develop defense of case.

**IX. UPDATED DEFENSE BUDGET**

Contract Attorneys must submit an updated budget through utilizing the Contract Attorney Budget Form (SF-10). LP/DOJ Staff Attorneys must submit a budget utilizing the LP/DOJ Staff Attorney Budget Summary Form (SF-4 Budget Summary Form).

**X.** **UPDATED MAXIMUM JUDGMENT VALUE $**

***Note:*** When evaluating this claim, you will need to determine whether this is a **High Exposure** **case**. A high exposure case is defined as a case where the plaintiff(s) potential recovery is in excess of one million ($1,000,000.00) dollars, **inclusive of** interest, costs, attorney’s fees and consideration of comparative fault.

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Signature