

**LONGSHORE INTERVIEW SHEET**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Fax: \_\_\_\_\_

DOB: \_\_\_\_\_

Social Security \_\_\_\_\_

Registration No.: \_\_\_\_\_

Employer \_\_\_\_\_

OWCP \_\_\_\_\_

DOI: \_\_\_\_\_

Hour of injury \_\_\_\_\_

Location of injury \_\_\_\_\_ Treating Doctor: \_\_\_\_\_

Description of Accident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Prior Attorney; \_\_\_\_\_

Adjustor \_\_\_\_\_ Name of Ship \_\_\_\_\_

Average weekly wage (wage information)

\_\_\_\_\_

(office use only)

Sub \_\_\_\_\_ NR \_\_\_\_\_ PMA \_\_\_\_\_ MR \_\_\_\_\_ R \_\_\_\_\_ LS-203 \_\_\_\_\_ Sub Lt \_\_\_\_\_

Revised July 13 2001