

**City of Los Angeles ADR Position Statement**

|  |  |
| --- | --- |
| Applicant’s Attorney: |  |
| Claimant’s Name: |  |
| Claim Number: |  |
| Date(s) of Injury: |  |
| Body Part(s): |  |

Position Statement Summary:

|  |
| --- |
|  |

Dispute(s)/Argument(s):

|  |
| --- |
|  |

Permanent Disability Ratings:

|  |
| --- |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Dr.: |  | Report Dated: |  | State if: | PTP[ ]  QME[ ]  AME[ ]  |

String Rating:

|  |
| --- |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Dr.: |  | Report Dated: |  | State if: | PTP[ ]  QME[ ]  AME[ ]  |

String Rating:

|  |
| --- |
|  |

*\* Please use Page 2 for listing additional doctors*

Settlement Demand of All Issues:

|  |
| --- |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Dr.: |  | Report Dated: |  | State if: | PTP[ ]  QME[ ]  AME[ ]  |

String Rating:

|  |
| --- |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Dr.: |  | Report Dated: |  | State if: | PTP[ ]  QME[ ]  AME[ ]  |

String Rating:

|  |
| --- |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Dr.: |  | Report Dated: |  | State if: | PTP[ ]  QME[ ]  AME[ ]  |

String Rating:

|  |
| --- |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Dr.: |  | Report Dated: |  | State if: | PTP[ ]  QME[ ]  AME[ ]  |

String Rating:

|  |
| --- |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Dr.: |  | Report Dated: |  | State if: | PTP[ ]  QME[ ]  AME[ ]  |

String Rating:

|  |
| --- |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Dr.: |  | Report Dated: |  | State if: | PTP[ ]  QME[ ]  AME[ ]  |

String Rating:

|  |
| --- |
|  |