South Carolina Workers' Compensation Commission

1333 Marion Street
Post Office Box 1715
Columbia, South Carolina 29202-1715
803-737-5723



WCC File #:

Carrier File #:

Carrier Code #:

Employer FEIN #:

Claim	nant's Name:		Employer's	Employer's Name:			
Address:			Address:	Address:			
City:		State: Zip:	City:		State:	Zip:	
Home Phone: Work Phone:		Insurance (Insurance Carrier:				
Prepa	Preparer's Name: Law Firm:			Preparer's Phone #:			
Pleas (A)		ng factors in requesting quired, the novelty and diff			kill requisite to pe	erform the	
(B)	The likelihood that the	acceptance of this particu	lar employment precl	uded other employm	ent by the lawye	r:	
(C)	The fee customarily charged in the locality for similar legal services:						
(D)	The amount involved a	and the results obtained:					
(E)	The time limitations imposed by the client or by the circumstances:						
(F)	The nature and the length of the professional relationship with the client:						
(G)	The experience, reputation, and ability of the lawyer or lawyers performing the services; and						
(H)	Whether the fee is fixe	ed or contingent:					